



## Informal Proceeding Request

**A copy of this completed form will be sent to the other parent.**

Case No. DR- \_\_\_\_\_ Date: \_\_\_\_\_

_____	_____
Your Full Name	Other Party's Full Name
_____	_____
Your Street Address	Other Party's Street Address
_____	_____
Your City, State, Zip Code	City, State, Zip Code
_____	_____
Your Phone No.	Other Party's Phone No.
_____	_____
Your Email	Other Party's Email

**Your current order in effect is:**

- Sole Residential Parenting Plan
- Primary Residential with: \_\_\_\_\_
- Shared Parenting Plan
- Other

**Please list your child(ren)'s full name(s) and birthdate(s):** \_\_\_\_\_

\_\_\_\_\_

**The Problem with your current arrangement is (be specific & detailed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Attach additional information if necessary.

**Submit this completed form and a copy of your current order to one of the following:**

**Mail/Deliver:**

Summit County Domestic Relations Court,  
205 South High Street  
2nd Floor – Family Court Services  
Akron, Ohio 44308

**Email:**

[fcs@dr-court.org](mailto:fcs@dr-court.org)

**Fax:**

(330) 643-2191

\*\*Court Staff Reminder: Update Saber with  Initial Disposition and  Final Disposition.

205 South High Street, Akron, Ohio 44308

(330) 643-2365

[www.drcourt.org](http://www.drcourt.org)