

Informal Proceeding Request

Case No. DR	Date:
Your Full Name	Other Party's Full Name
Your Street Address	Other Party's Street Address
City, State, Zip Code	City, State, Zip Code
Your Phone Number	Other Party's Phone Number
Your Email	Other Party's Email
The <u>current</u> Order in effect is: ☐ Sole Re	exidential Parenting Plan
	y Residential with:
	Parenting Plan
☐ Other	1 arching 1 ian
Please include a copy of your current order	er with this form
rease mende a copy of your current of a	With this form.
Name(s) of your children:	Date of birth:
Traine(e) or your emicron.	
The problem with your current arrangem	ent is:
	nting order to fcs@drcourt.org or fax to (330) 643-2191.
Attach additional information if necessary.	
A copy of this completed form will be mail	led to the other parent.
FOR COURT STAFF ONLY:	
Meeting Date: Meeting Time: Case Closed:	
☐ Resolved ☐ Referred to Mediation	\Box Unable to resolve \Box Not appropriate forum
☐ No response from other party	☐ Initiated Court proceedings
Recommendation:	