

FOC REQUEST FOR CONCILIATION SERVICES

Please print. If not legible, conciliation will not be scheduled.

Case Number: 09- _____ Date: _____

Name of Judge: _____

Name of Mother: _____

Complete Address: _____

Telephone Number: _____

Mother's Attorney: _____

Name of Father: _____

Complete Address: _____

Telephone Number: _____

Father's Attorney: _____

Has a motion for a temporary order already been filed with the Court?
Y / N

Do you have an active financial responsibility (child support) case
involving the other parent? Y / N

I request FOC assistance.

SIGNED: _____

Printed name: _____

Return form to: ADR Unit
Friend of the Court Office
82 Ionia, Suite 200
PO Box 350
Grand Rapids, MI 49501-0351

OFFICE USE ONLY

DATE RCVD FOC:

DATE OF APPT:

TIME OF APPT:

OUTCOME:

FTA:

MEDIATION
NEEDED: Y / N

REFERRED FOR
EVAL: Y / N

OPT OUT: Y / N

CANCELLED BY:

NOT SCHEDULED:
ACTIVE CASE:

T.O. / MOTION
FILED:
