

STATE OF MICHIGAN
45TH JUDICIAL CIRCUIT
ST. JOSEPH COUNTY

REQUEST FOR JOINT
MEETING

DOCKET NUMBER

Court Address
920 W Michigan Ave
Three Rivers MI 49093

E-Mail: foc@stjosephcountymi.org
Website: www.stjosephcountymi.org

Court Telephone No.
(269)467-5570

PLAINTIFF NAME, ADDRESS & TELEPHONE NUMBER

DEFENDANT NAME, ADDRESS, & TELEPHONE NUMBER

I, _____, request to use the joint meeting process for the following issue:

Custody Parenting Time Other: _____

and for the following reason: (list brief explanation):

Further, I believe that the best possible solution to the problem is:

Date
Signature

COURT USE ONLY

Your request for joint meeting is denied because:

The issues you have listed are not enforceable through our office.

NOTICE OF JOINT MEETING

You have been scheduled to attend a joint meeting on _____ at _____,
at the Office of the Friend of the Court, 920 W Michigan Ave., Three Rivers, MI. This is a voluntary process. If you are
unable or unwilling to attend the meeting, contact the Friend of the Court at (269)467-5570.

Date

Caseworker