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.gov
Website:www.stjosephcountymi.gov

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