

Case Number: _____

(To be filed after case is **completely** over – Juv. R.
40(D)(3)(b))

(To be filed while case is in progress – Juv. R.
40(D)(2)(b))

Respondent's Name

Last 4 Digits of SS #

Last 4 Digits of SS #

Street Address

City, State, Zip

2. _____
Child's Name

Last 4 Digits of SS #

Last 4 Digits of SS #

4. _____
Child's Name

Last 4 Digits of SS #

Last 4 Digits of SS #

[illegible]

☐ CHECK THIS BOX IF YOU WANT TO ORDER A TRANSCRIPT OF THE TESTIMONY FROM YOUR HEARING.

Note: The Requesting Party will pay Transcript Fees, unless he or she has Court Appointed Counsel.

Respectfully Submitted,

Signature

Date

Printed Name

Date of Last Hearing: _____ **Assigned Judge/Magistrate:** _____

CERTIFICATE OF SERVICE

TO THE CLERK: I certify that I have mailed/presented a copy of this Objection/Motion to the following individuals/parties on _____ (date).

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE A COPY OF MY OBJECTION/MOTION TO ALL PARTIES IN THIS CASE. FAILURE TO DO SO COULD RESULT IN DELAY OF THE COURT'S RULING AND/OR DISMISSAL OF THE OBJECTION/MOTION. CIVIL RULE 5(A).

I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE FULL AND ACCURATE CONTACT INFORMATION FOR THE ABOVE-REFERENCED INDIVIDUALS/PARTIES. IF THE JUVENILE COURT CLERK IS NOT ABLE TO RELEASE CONTACT INFORMATION FOR CERTAIN INDIVIDUALS/PARTIES, I MAY REQUEST THAT THE JUVENILE COURT CLERK SEND A COPY TO THOSE INDIVIDUALS/PARTIES ON MY BEHALF.

Signature

Date