

STATE OF MICHIGAN
54TH JUDICIAL CIRCUIT,
FAMILY DIVISION
TUSCOLA COUNTY

**REQUEST FOR DISPUTE
RESOLUTION CONFERENCE**

CASE NUMBER

Tuscola County Friend of the Court, 440 N. State St, Caro MI 48723

Phone: 989-673-4848 Fax: 989-673-4898

YOUR NAME:
ADDRESS:

PHONE NUMBER:
EMAIL:

OTHER PARTY'S NAME:
ADDRESS:

PHONE NUMBER:
EMAIL:

I, _____, request a Conference to discuss the following issue(s):

Custody Parenting Time Other: _____

I want to discuss the following (give a brief explanation):

I believe the best possible solution to this problem is: (give a brief explanation):

(continued on reverse)

File both this form and the Domestic Violence Screening form at the Friend of the Court office by mail, fax, or in person. **Emailed photos of your request will not be accepted.**

A copy of this form will be sent to the other party; but the Friend of the Court will NOT give the other party a copy of your completed Domestic Violence Screening form.

A Conference will only be scheduled if the other party agrees to participate, signs and returns the request for Dispute Resolution Conference form within 21 days. If the other party agrees to participate, you will receive a meeting notice with a date and time. If the other party does not respond or does not agree to participate, the Friend of the Court will inform you that a meeting will not be held.

If you have questions about the Dispute Resolution Conference process, contact the FOC ADR Coordinator at 989-672-3212. Please note that all meetings are currently held virtually.

Your Name (Print)

Signature

Date

I am / am not represented by counsel.
(circle one)

FOR THE OTHER PARTY TO COMPLETE:

I agree to attend and participate in the Dispute Resolution Conference: Yes No

Other Party, Name (Print)

Signature

Date

I am / am not represented by counsel.
(circle one)

Please update your contact information if it is different than listed above.

Name:

Address:

Phone Number:

Email:

STATE OF MICHIGAN CIRCUIT COURT	DOMESTIC VIOLENCE SCREENING	CASE NO. and JUDGE
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Your name: _____ Date: _____
First, middle, and last name

Our goal is to provide a safe environment for families with a friend of the court case. We often meet with both parents. However, there are times bringing both parents together may not be appropriate. Your answers to the following questions will help us determine whether both parents can meet together in a safe environment. The information you provide can only be viewed by judges, referees, and friend of the court staff. It cannot be viewed by the other parent or his or her attorney, and it cannot be used in any court proceedings. Please answer the following questions to the best of your ability.

1. Do you feel safe around the other parent? yes no If no, please explain: _____

2. Is there currently or has there ever been a personal protection order or a no contact order limiting contact between you and the other parent? yes no If yes, please explain and include when and where:

3. Is there currently or has there ever been a personal protection order or a no contact order issued against the other parent or you by someone else? yes no Unknown about other parent If yes, please explain and include when and where:

4. Have the police been called to your home or involved in any incidents in the past year between you and the other parent? yes no If yes, please describe: _____

5. Have you or the other parent been arrested in the past year? yes no

If yes, please describe: _____

6. Have you ever felt unsafe around the other parent? yes no

If yes, please explain _____

7. Is there currently or has there ever been child protective (abuse/neglect) actions involving you and/or the other parent in Michigan or any other state or country? yes no unknown about other parent

If yes, please explain: _____

8. Do you have any concerns about discussing issues regarding your children in front of the other parent? yes no

If yes, please explain: _____

9. Are you afraid that the other parent will harm or pressure you during or after a friend of the court meeting because of what is discussed in the meeting? yes no If yes, please explain _____

10. Do you have any concerns about sitting in the same room with the other parent? yes no

If yes, please explain: _____

11. Do you think you can speak up for yourself in a friend of the court meeting if the other parent is also present?

yes no If no, please explain: _____

12. Has the other parent ever made you feel threatened or harassed? yes no

If yes, please explain: _____

13: Is there anything not already discussed that would prevent you from participating in a friend of the court meeting with the other parent? yes no If yes, please explain: _____

Your safety is important, so please contact us to discuss any safety concerns you may have and what can be done to address your concerns.

Date

Signature

STATE OF MICHIGAN
IN THE FAMILY DIVISION OF THE 54TH JUDICIAL CIRCUIT
IN THE COUNTY OF TUSCOLA

Consent To Participate In Alternative Dispute Resolution (ADR)

I hereby agree to participate in alternative dispute resolution (ADR), through the Tuscola County Friend of the Court. This may result in being in the same room, or on the same video conference call as the other parent, to discuss custody, parenting time, and child support issues. The Friend of the Court has made it clear I am not required to participate in ADR if I feel I cannot do so safely and freely. If I decide not to participate, it will not be held against me.

In the event there has previously been domestic violence between myself and the other party, I am providing my written consent that I am still willing to participate in the Friend of the Court ADR process. If I feel unsafe at any time, or it is deemed unsafe or unfair, the process will be ended immediately.

Signed: _____

Date: _____

Print name: _____

Email Address: _____

*****THIS FORM MUST BE RETURNED TO THE TUSCOLA COUNTY FOC OFFICE PRIOR TO THE SCHEDULED FIG/ADR CONFERENCE*****