

Circuit Court for _____ **Case No.** _____
City or County

Name _____					Name _____				
_____ Apt. # _____					Street Address _____ Apt. # _____				
City	State	Zip Code	Area Code	Telephone	City	State	Zip Code	Area Code	Telephone

Plaintiff

Defendant

REQUEST FOR HEARING or PROCEEDING
(CC-DR 59)

Please schedule the above-captioned case for a hearing or proceeding of the following type:

- | | |
|--|--|
| <input type="checkbox"/> emergency hearing | <input type="checkbox"/> trial on the merits |
| <input type="checkbox"/> scheduling conference | <input type="checkbox"/> uncontested hearing |
| <input type="checkbox"/> pendente lite hearing | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> pretrial conference | |

The following matters are at issue (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> divorce | <input type="checkbox"/> use and possession |
| <input type="checkbox"/> custody | <input type="checkbox"/> marital property |
| <input type="checkbox"/> visitation | <input type="checkbox"/> marital award |
| <input type="checkbox"/> child support | <input type="checkbox"/> retirement interests |
| <input type="checkbox"/> alimony | <input type="checkbox"/> attorney's fees / court costs |
| <input type="checkbox"/> other: _____ | |

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, _____, a copy of this Request for Hearing or Proceeding was mailed, postage prepaid to:

Opposing Party or His/Her Attorney

Address

City State Zip

Date Signature