

v. 09.01.16

COMPLAINANT DATA (Referred By): _____ **Date:** _____ **Type:** _____

Name:

First MI Last

Address:

Street City State Zip

Phone:

Home Work Cell

Email: _____

RESPONDENT DATA (Name of party you are filing against)

Name:

First MI Last

Address:

Street City State Zip

Phone:

Home Work Cell

Email: _____

Questions:

1. Are you related to the respondent?
2. Have you discussed this problem with the respondent?
3. Have you discussed this problem with an attorney?
4. Has Law Enforcement been contacted?

Yes	No

Primary Dispute: _____

Resolution Desired: _____

If this is regarding a child, please include the child's name: _____

Is there an existing court case? (circle one) Yes / No

If yes, what County and what is the cause number: _____

Has the Complainant served in the military or a dependant of someone who has served in the military? (circle one) Yes / No

Has the Respondent served in the military or a dependant of someone who has served in the military? (circle one) Yes / No

I/We do authorize the ODR to process my complaint in accordance with its rules and regulations.

Signature: _____ **Date:** _____

Please write on the back, if you need more space.