www.NFCWP.org
Mail completed form to:
510 Highland Avenue, PMB 414
Milford, MI 48381

Community Support Court Watch Form

Date: _____ Time: _____

Case # _____(Important)

Case Name: _____V _____

Court name and type: _____

Address_____ Phone number: _____

County & State_____

Name of Judge: _____ Male ___ Female___

Plaintiff: Male ___ Female___ Defendant: Male ___ Female___

Plaintiff's Attorney: _____Male ___ Female___

Defendant's Attorney: _____ Male ___ Female___

Court Appointee's _____Male___Female___

Describe below the events of the hearing and the courts orders: continue on back of form if needed

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