

IN RE: _____)
 _____)
 _____)
Minor Child(ren) Under the Age of 18)
 _____)
 _____)
 _____)
 _____ ,)
Person Requesting Review)
 _____)
 _____ ,)
Other Person or Agency)

Legal File # _____

Social File # _____

This case was originally heard on the _____ day of _____, 20____,
before Magistrate _____. My case involved (check all that are appropriate):

- My name is _____. I am the ____ Mother, ____ Father, ____ Child,
or _____ (please specify relationship). I disagree with the decision of
Magistrate _____ and request Judge Sharon Guffee to review the case. **The
things I disagree with and what I would like the Judge to find are** (attach additional sheets if
necessary): _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

By requesting this review, I understand that the Judge may schedule a hearing or the Judge may only review the file without a hearing. This review is limited only to the things I have indicated above. I understand that the Judge may: (1) agree with the Magistrate's decision and that, by doing so, the Magistrate's decision will become the order of the Court; (2) modify the Magistrate's decision in one or more respects; or (3) throw out the Magistrate's decision and issue a new decision entirely or schedule a hearing.

I further understand that until the Judge makes a decision, the Magistrate's decision will remain in effect, and I must follow it or be punished for contempt of court.

Date: _____

Signature of Person(s) Requesting Judicial Review

Address (City, State, Zip Code)

Telephone Number (including Area Code)

CERTIFICATE OF SERVICE

All parties must be notified of this Request. A copy of this Request has been sent by:

☐ First Class Mail

☐ Hand Delivery

☐ Other (please specify): _____

Name of the other party

Address (City, State, Zip Code)

Attorneys (if applicable): _____
