Cass County Friend of the Court

Law & Courts Building, 60296 M-62, Suite 3
Cassopolis, MI 49031
Phone: (269) 445-4436/Fax: (269) 445-4435
Email: FOC@cassco.org

"Cass County is an equal opportunity provider and employer"

Case Transfer Request

(one form must be filled out for each case you want transferred)

Case No. _____

Plaintiff's name, address, and telephone number	Defendant's name, address, and telephone number
_____	_____
_____	_____
_____	_____
_____	_____

I am the _____ Plaintiff _____ Defendant in this case. I am requesting transfer to _____ County.

I certify that I have lived in the county I wish my case transferred to for at least 6 months Yes_____ No_____

I have lived in the following counties over the last year:		The other party has lived in the following counties over the last year:	
County:	From date to date	County:	From date to date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The child(ren) involved in this case live with Plaintiff/Defendant/both parties (circle one)

Both Plaintiff and Defendant agree to transfer of this case to _____ County: yes____ no____

I am requesting case transfer for all of the following reasons:

_____

Your signature Date

Rev. 6/2014