

CASS COUNTY FRIEND OF THE COURT

AUDIT REQUEST

YOUR NAME _____ CASE # _____

ADDRESS _____

1) SPECIFIC REASON FOR THIS REQUEST

2) SPECIFIC TIME FRAME TO BE AUDITED

FROM DATE _____ TO DATE _____

3) DOLLAR AMOUNT IN DISPUTE _____

IMPORTANT

AUDIT REQUEST MUST HAVE PRINTOUT ATTACHED WITH AREAS OF DISPUTE MARKED. FAILURE TO GIVE SPECIFIC INFORMATION WILL RESULT IN DELAY. YOUR COOPERATION IS APPRECIATED.

DATE _____ AUDIT REQUESTER _____

AUDIT WILL BE MAILED TO YOU WHEN COMPLETED

FOR FOC USE ONLY

DATE RECEIVED _____

DATE AUDIT COMPLETED _____

STAFF MEMBER _____

