

FAMILY COURT SERVICES
CHILD CUSTODY RECOMMENDING COUNSELING

CLIENT COMPLAINT REQUEST TO CHANGE RECOMMENDING COUNSELOR

Instructions: Please complete the following items to help us better understand your concerns. Client Complaints shall be submitted within ten (10) days of the child custody recommending counseling appointment.

Name: _____

I am the: Petitioner Respondent Attorney

Address: _____

Email (optional): _____ Case Number: _____

Day Phone: _____ Case Name: _____

- I am submitting a complaint for the court's review.
I am requesting a change of Child Custody Recommending Counselor prior to the scheduled appointment.

1. If your concerns are about an individual, please indicate the individual's name: _____

2. When did the event occur that caused your concerns? _____

3. What is your specific concern? _____

4. What would you like to have done as a result of your concern? _____

(SIGNATURE REQUIRED) (DATE)

FOR OFFICE USE ONLY

Last CCRC appointment: Next CCRC appointment: Next Hearing:

Disposition: _____

(Assistant Deputy Executive Officer of Family Court Services (or designee)) (DATE)