NDCLCI 2517 West Main St PO Box 149 Valley City, ND 58072 Phone: (701)845-8632 Fax: (701)845-8633

Name of Attorney:		Phone:
Name of Represented Party:		
Title of Case:		
County:		
Type of case: ☐ Content	mpt	
☐ Child Support Order to Show Cause		
☐ Other Order to Show Cause:		
Court File Numbers:		
File No(s):		
Assigned Date:		Date Closed:
Reason closed:		
Reason crosea.	☐ Withdrawal of atte	orney/ethical conflict: case assigned to:
— Withdrawar of attorney/ethicar conflict. case assigned to.		
	□ Withdrawal of atte	orney/failure of client to maintain contact
☐ Withdrawal of attorney/client's actions		
☐ Withdrawal of attorney/other:		
	□ Other:	
	☐ Entry of appealable	e order
Case Hours:		
Travel Hours:		
Traver frouis.		
Comments:		
Comments.		