



6. Other: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_ Date: \_\_\_\_\_

Copies must be sent to the attorney(s) of record, to any unrepresented parties and the GAL/AFC/CR at the addresses listed on the Expert Referral Order.

Copies sent to the following:

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Prepared by:

Name: \_\_\_\_\_ Pro Se

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City: \_\_\_\_\_ State: \_\_\_\_\_

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ARDC #: \_\_\_\_\_

E-mail address: \_\_\_\_\_