

Circuit Court for _____ Case No. _____
City or County

Name _____ Name _____
Street Address _____ Apt. # _____ vs. Street Address _____ Apt. # _____
City _____ State _____ Zip Code _____ Area Code _____ Telephone _____ City _____ State _____ Zip Code _____ Area Code _____ Telephone _____
Plaintiff *Defendant*

REQUEST FOR TRIAL ON THE MERITS
(Dom.Rel. 52)

Please schedule the above-captioned case for a trial on the merits at the Court's earliest convenience.

Date

Signature

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, 19_____, a copy of the foregoing Answer was mailed, postage prepaid, to _____

Opposing Party or His/Her Attorney

Address

City, State Zip

Date

Signature