

APPENDIX D

O.C.I.S. SERVICE REQUEST CANCELLATION

PRINT OR TYPE CLEARLY

Date of Service	Language	COURT
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Case Name	Docket #
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Cancelled by: _____

Telephone: _____

Email: _____

Comments: _____

OCIS FAX LINE: 617-367-9293

Reminder: This is a Cancellation Notice. A rescheduled matter becomes a **New Service Request**. Please fill out a new request form.

DO NOT WRITE IN THIS SPACE

Received at OCIS on:
(Please Stamp)