

APPENDIX D

**O.C.I.S. SERVICE REQUEST CANCELLATION**  
PRINT OR TYPE CLEARLY

<b>Date of Service</b>	<b>Language</b>	<b>COURT</b>
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<b>Case Name</b>	<b>Docket #</b>
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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)