

**IN THE JUVENILE COURT FOR HAMILTON COUNTY, TENNESSEE**

**IN RE:** \_\_\_\_\_

**Docket No.** \_\_\_\_\_

\_\_\_\_\_  
**Minor Child(ren) Under the Age of 18 Years**

\_\_\_\_\_,  
**Person Requesting Review**

\_\_\_\_\_,  
**Other Person or Agency**

**REQUEST FOR JUDICIAL REVIEW**

This case was originally heard on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
before Magistrate \_\_\_\_\_ Concerning \_\_\_\_\_.

My name is \_\_\_\_\_. I am the \_\_\_ Mother \_\_\_ Father \_\_\_ Child  
or \_\_\_\_\_ (please specify relationship). I disagree with the decision of  
Magistrate \_\_\_\_\_ and request Judge Philyaw to review the case. The things I  
disagree with and what I would like the Judge to find are (attach additional sheets if necessary): \_

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By requesting this review, I understand that the Judge may schedule a hearing or the Judge may only review the file without a hearing. This review is limited only to the things I have indicated above. I understand that the Judge may: (1) agree with the Magistrate's decision and that, by doing so, the Magistrate's decision will become the order of the Court; (2) modify the Magistrate's decision in one or more respects; or (3) issue a new decision entirely. I further

understand that until the Judge makes a decision, the Magistrate's decision will remain in effect, and I must follow it.

\_\_\_\_\_  
Signature of Person(s) Requesting Judicial Review

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

\_\_\_\_\_  
Address (City, State, Zip Code)

\_\_\_\_\_  
Telephone Number (including Area Code)

**CERTIFICATE OF SERVICE**

***All parties must be notified of this Request.*** A copy of this Request has been sent by:

\_\_\_\_\_ First Class Mail                      \_\_\_\_\_ By Hand Delivery  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Name of the other Parties  
\_\_\_\_\_  
\_\_\_\_\_

Name of the other Parties  
\_\_\_\_\_

\_\_\_\_\_  
Address (City, State, Zip Code)

Attorneys (if applicable): \_\_\_\_\_