

Pro Se Motion for Rehearing before the Hearing Officer

Please read directions completely (NO filing fee)

If you wish to have a rehearing before the Hearing Officer, you must complete the Motion for Rehearing and specify the reason that justify the rehearing.

File the original Motion with the Self-Help Center Clerk. The clerk will provide you back a copy of the document you file and will email a copy to the Hearing Officer on your behalf. If you are not filing your motion with the Self-Help Center Clerk, a copy may not be provided to the hearing officer on your behalf.

If approved: The hearing office will contact you with a hearing date and you will need to file a NOTICE OF HEARING with the Self-Help Center.

If denied: Written notice will be sent to you and your ex-spouse and their attorney of record by the Hearing Officer's Office.

If you wish to appeal this decision, you may file a Motion to Appeal the Hearing Officers Decision. Please see https://courts.jocogov.org/local_civ26.aspx (section 13(C1))

Motion for rehearing shall be provided to counsel for all parties, on all pro se parties, by the moving party. A motion for rehearing shall be summarily granted or denied by the Hearing Officer within 10 days of the filing of the motion. The moving party shall have 14 days following the filing of an order denying rehearing to request a review hearing before the assigned district Judge.

Self-Help Center contact: 150 W Santa Fe St, Olathe KS 66061

Phone: 913-715-3385 Email: DCC-Helpcenter@jocogov.org

1. Fill out completely: Typed or printed legibly, complete the Motion for Rehearing and The Certificate of Service & Mailing, one for each party to be served (opposing party or attorney of record).

2. Hearing date and time: Upon completion of all forms, contact the Johnson County Courthouse, 1st floor, "Self-Help Center" to obtain a hearing date and time. For specific question about your hearing, please contact the Hearing Office of at 913-715-3668 or 913-715-3669.

3. Mail a copy of the documents to the other party: The preferred method of service is to mail the documents to the opposing party at their last known address whether they reside in this state or another. Service must be completed at least five (5) days prior to hearing date (excluding weekends and holidays), so documents must be mailed no later than eight (8) days prior to the hearing.

Clerk of the District Court is open Monday-Friday, 8:00AM-5:00PM

Last completed filing taken at 4:30PM

SERVICE METHOD:

1. **Service by US Mail** - Postage pre-paid, to opposing parties at last known address by the undersigned pro se litigant.

2. **Certified mail service by the undersigned Pro Se Litigant** - Return of service for Certified Mail Form, must be filed with the Clerk of the Court after green card is returned and before court date.

3. **Hand Delivery** - A) At the person's office with a clerk or other person in charge, or, if no one is in charge, in a conspicuous place in the office; or (B) if the person has no office or the office is closed, at the person's dwelling or usual place of abode with someone of suitable age and discretion who resides there.

4. **Fax** - Sending it by tel-facsimile communication, in which event service is complete upon receipt of a confirmation generated by the transmitting machine.

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
CIVIL COURT DEPARTMENT

IN THE MATTER OF

Petitioner

Case #

and

Division #

Respondent

Chapter 60

Hearing Room _____

MOTION FOR REHEARING BEFORE THE HEARING OFFICER

The Petitioner Respondent moves the court to rehear the motion previously heard on _____ for the following specific reasons:

Filing Party Signature

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Phone: _____

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

Petitioner

vs

Respondent

Case No.

Court No.

CERTIFICATE OF SERVICE AND MAILING

On _____ a true copy of: Motion For Rehearing before the Hearing Officer
was sent to the below listed parties by US prepaid postal mail and in addition to electronic
delivery of email to the following addresses:

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Filing Party's Signature or Digital Signature

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____