



Received on \_\_\_\_\_

**PLEASE NOTE:** This form must be filled out **completely** before the Mediation Department will consider your request to mediate your issue(s).

**Case Number:** \_\_\_\_\_

**JUDGE:** \_\_\_\_\_

(Cases that have been before the court for Divorce, Dissolution, or Custody/Visitation)

**OR**

**Administrative Order Number:** \_\_\_\_\_

(Cases heard before Child Support Enforcement Agency for Support Order)

**YOUR Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ Apt.# \_\_\_\_\_

**Email :** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Soc. Sec. No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of OTHER Party:** \_\_\_\_\_

**Address:** \_\_\_\_\_ Apt.# \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Soc. Sec. No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ISSUES TO BE MEDIATED:** (Please check issue(s) you would like to mediate.)

- \_\_\_\_\_ The return, exchange, or transfer of property as ordered in a Divorce or Dissolution Action.
- \_\_\_\_\_ Exchange or sharing of medical insurance information as ordered in a Parentage, Divorce, or Dissolution Action.
- \_\_\_\_\_ Payment of uninsured medical bills as ordered in a Parentage, Divorce, or Dissolution Action.
- \_\_\_\_\_ Compliance with the Visitation Schedule as ordered in a Parentage, Divorce, or Dissolution Action.
- \_\_\_\_\_ Establish a visitation schedule.
- \_\_\_\_\_ Resolution of overpayment(s) to custodial parent which have not been repaid.

NOTES: