

INFORMATION FOR SCHEDULING MEDIATION

Date: _____ Case No.: _____ Judge: _____

Type of Case: _____ DIVORCE _____ PATERNITY _____ MODIFICATION

CERTIFIED BY THE CLERK AS INDIGENT/INSOLVENT: ___ Petitioner ___ Respondent

PETITIONER: _____ RESPONDENT: _____

PETITIONER ANNUAL INCOME \$ _____ RESPONDENTS ANNUAL INCOME \$ _____

ATTORNEY: _____ ATTORNEY: _____

Address for attorney or **if not attorney, for the party**: _____ Address for attorney or **if not attorney, for the party** _____

Address: _____ ADDRESS: _____

DAYTIME TELEPHONE # _____ DAYTIME TELEPHONE # _____

EMAIL _____ EMAIL _____

FAX NUMBER _____ FAX NUMBER _____

G.A.L. (IF ANY) _____ G.A.L. TELEPHONE # _____

G.A.L. ADDRESS: _____

Please check all contested issues included in the Petition which are appropriate for mediation:

___ parental responsibility ___ timesharing ___ child support ___ exclusive possession of home
___ visitation ___ alimony ___ children school issues ___ other matters _____

Have the parties been involved in any current or previous litigation? _____

If so, what is the case number _____ State/County or Origin _____

Mediation will contact parties within 20 business days, if not sooner, after receipt of this form. The Court will issue an Order of Referral Setting Case for Mediation and provide to the parties by email, fax or U.S. mail. Mediation session(s) will be scheduled for a maximum of three (3) hours. Fill out both parties information. ONLY ONE SIGNATURE REQUIRED FOR SUBMISSION IF OPPOSING PARTY COPIED.

Attorney/Petitioner

Attorney/Respondent

**Fax completed form to: (407) 665-4129 or Email to kathy.mulvaney@flcourts18.org
or Mail to: Family Mediation Department; 301 N. Park Ave., Sanford, FL 32772**

Cc: _____ **Petitioner/Petitioners Attorney**
_____ **Respondent/Respondents Attorney**

****PARTIES REPRESENTING THEMSELVES MAY BE SCHEDULED BY THE COURT****