

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ <hr/> Petitioner/Plaintiff(s): _____ and Co-Petitioner/Respondent/Defendant(s): _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ <div style="display: flex; justify-content: space-between;"> <div> Phone Number: _____ FAX Number: _____ </div> <div> E-mail: _____ Atty. Reg. #: _____ </div> </div>	Case Number: _____ <div style="display: flex; justify-content: space-between;"> <div>Division _____</div> <div>Courtroom _____</div> </div>

CERTIFICATE OF MEDIATION/ALTERNATIVE DISPUTE RESOLUTION COMPLIANCE

This certificate certifies that the parties to this case have complied with the court's order to engage in Mediation/Alternative Dispute Resolution (ADR). Please list all parties who participated in the Mediation/ADR.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

The parties listed above met with _____ (name of Mediator/Arbitrator/Special Master) on _____ (date(s)) for the Mediation/ADR process checked below.

- | | |
|---|--|
| <input type="checkbox"/> Mediation (ADRM) | <input type="checkbox"/> Med-arb (ADRB) |
| <input type="checkbox"/> ADR Settlement Conference (ADRC) | <input type="checkbox"/> Special Master (ADRR) |
| <input type="checkbox"/> Parenting Coordination (ADRG) | <input type="checkbox"/> Settlement Week (ADRS) |
| <input type="checkbox"/> Early Neutral Evaluation (ADRE) | <input type="checkbox"/> Child Support Worksheet Conference (ADRW) |
| <input type="checkbox"/> ADR other please describe (ADRO) _____ | |

The following results occurred as a result of this Mediation/ADR process:

- ☐ Case Fully Resolved (ADRF)
☐ Case Partially Resolved (ADRP)
☐ No Issues Resolved (ADRN)
☐ ADR Inappropriate (ADRI) (ADR determined inappropriate by the Mediator/Arbitrator/Special Master; reasons may include the existence of domestic violence, incapacity of a party, or other specified reasons.)

Date: _____

Signature of Party or Attorney

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original was filed with the Court and a true and accurate copy of the *Certificate of Mediation/ADR Compliance* was served on the other party by ☐ Hand Delivery ☐ E-filed ☐ Faxed to this number _____ or ☐ by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

Your Signature