

Jefferson Combined Court, Colorado 100 Jefferson County Parkway Golden, Colorado 80401	
Petitioner(s): and Respondent(s):	
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	<div style="text-align: center;">▲ COURT USE ONLY ▲</div> Case Number: Division: Courtroom:
NOTICE OF MEDIATION	

MEDIATOR: _____

DATE: _____

TIME: _____

LOCATION: _____

Petitioner Signature

Respondent/ Co-Petitioner Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the **NOTICE OF MEDIATION** 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