

<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: _____ Petitioner/Plaintiff(s): _____ and Co-Petitioner/Respondent/Defendant(s): _____	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____	Case Number: _____  Division      Courtroom
<b>CERTIFICATE OF MEDIATION/ADR COMPLIANCE (CADR)</b>	

The  Mediator/  Petitioner /  Co-Petitioner /  Respondent respectfully submits the following report on the status of the mediation held on \_\_\_\_\_ (date) with \_\_\_\_\_ (Mediator's name/Mediation company). The mediation session was:  ordered by the Court or  attended voluntarily.

After mediation, the party submitting this report informs the Court of the following:

- Mediation occurred and agreements were **fully resolved** and signed a written agreement **(ADRF)**
- Mediation occurred and agreements were **partially resolved** and have signed a written agreement on resolved issues and unresolved issues have been identified **(ADRP)**
- Mediation occurred and **no issues were resolved (ADRN)**
- Mediation did not occur because the mediator determined that the case was inappropriate for mediation. **(ADRI)**
- Mediation occurred and **an additional mediation session** is scheduled for \_\_\_\_\_ **(CADR)**
- Mediation occurred and the parties **fully resolved** modifications on post-decree issues. **(ADRF)**
- Mediation occurred and the parties **partially resolved** modifications on post-decree issues. **(ADRP)**
- Mediation occurred and **no issues were resolved** modifications on post-decree issues. **(ADRN)**
- Other \_\_\_\_\_

**THIS REPORT IS NOT A SUBSTITUTE FOR ANY REPORTS, FILINGS, OR REQUIREMENTS THAT THE COURT MAY HAVE ORDERED OR REQUESTED FROM THE PARTIES TO BE COMPLETED.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or Attorney

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**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