**Request for Mediation in a Domestic Case at the 4th Judicial District Mediation Office**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respondent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Please carefully read and answer the following questions.

**Party Requesting Mediation:**  Petitioner or P/Attorney  Respondent or R/Attorney  Intervenor

**Note:** *Without current contact information for the other party, we cannot set mediation. We do not set with “last known address.” In addition to submitting this request sheet, you must send the FCF Form 300 A to the other party; there is one available on a link on this site. This notifies them that you have requested mediation. Your mediation appointment will be set for approximately 4 weeks after we receive this request (5-6 for out of state/out of country), and you will receive a letter from us with your mediation appointment time and date. If there are any attorneys on the case, the mediation appointment time/date must be coordinated with the attorney’s calendar as these are largely dictated by the court.*

**Have any of the parties’ addresses changed since the initial motion/case was filed?**

* No.
* Yes, if yes please request, please submit a **Change of Address Form** to the Clerk of Court in Room 101 (it must be signed).

Indicate here if during the mediation any of the parties will be:

**out of the area** (🞎 Yes) , **out of state**(🞎 Yes) or **out of country** (🞎 Yes)

**Note:** *it is important that an out of town party have access to a scanner and email during the mediation in order to exchange signed agreements.*

* **Yes, there is an open case or motion before the court** (for example: divorce; parenting case; motion filed after Final Orders), filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, next hearing date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_. By standing order of the court, in these cases, mediation is mandatory.
* **No, there is not a motion/open case**, therefore mediation is voluntary, and must be agreed upon by both parties.

***Check type case and issues:***

|  |  |
| --- | --- |
| **Type of Domestic Case**   * Initial Divorce * Initial Allocation of Parental Responsibility * Civil Union * Modification of existing orders * Contempt * Domestic Restraining order | **Domestic Issues**   * Parenting time * Child Support * Maintenance * Property/Debt * Retirement |

***Time:*** Preferred mediation times (check all that apply)

**Petitioner:** 🞎M 🞎T 🞎W 🞎Th 🞎Fr 🞎AM or 🞎PM **Respondent:** 🞎M 🞎T 🞎W 🞎Th 🞎Fr 🞎AM or 🞎PM

***Fees:***

*Mediation in domestic (family) cases costs $150 per person for a 2 hour session; additional hours are $75/hour/party.*

Pay your mediator directly, 10 days prior to mediation at the address in the letter you will receive from us. If the mediation fee is not paid in time the mediation may be canceled.

* I will be applying for low income reduced fee (ask the scheduler for an application). Must be submitted 14 days prior to the mediation date.
* I have been granted indigent status in the last 5 months and plan to pay a reduced fee.

***Other Information:***

The parties always start mediation in separate rooms. If there are safety concerns, check the below box and ask to be shown to your room immediately upon arrival for mediation.

* I do not want my address and contact information to be released to the other party.
* Yes, there a current Restraining Order or Protection Order against one of the parties.
* Yes, there are safety concerns.
* Yes, there are pending criminal charges involving one or more of the parties.
* I am not willing to participate in mediation due to past psychological or physical abuse.

**Per C.R.S. 13-22-311, courts shall not refer a party to mediation when the party is unwilling to participate due to psychological or physical abuse and indicates so by filing a motion to waive mediation. There are forms on the mediation table or you can ask the clerk.**

***Interpreter:***

Interpretation is provided at no cost, but must be scheduled at least 10 days in advance. We need to know at the time of request if the party who needs the interpreter has been granted indigent status.

* Interpreter needed language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Incarceration Status:***

Is one or more of the parties currently in custody? 🞎 No. 🞎 Yes, the Petitioner/Respondent is in custody.

* In El Paso County Jail (CJC)
* In another jail or prison in Colorado (DOC) Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DOC Inmate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Case Worker Name & Contact Info\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Petitioner Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Name Last Name

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Number Street Apt# City State Zip Code

**Phone Numbers: ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_**

Home Work Cell

**Receive Text Messages? Y \_\_\_\_ N\_\_\_\_ Cell Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Pet Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Phone Email

**Respondent Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Name Last Name

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Home Work Cell

**Receive Text Messages? Y \_\_\_\_ N\_\_\_\_ Cell Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Resp Atty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Phone Email

**Other Parties:** (check one):  Guardian Ad Litem  Child Legal Representation  Intervenor

**Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First Name Last Name

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Number Street Apt# City State Zip Code

**Phone Numbers: ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_**

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

**Other Attorney : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_ -\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Phone Email