

**INFORMATION FOR SCHEDULING FAMILY MEDIATION PRIOR TO SETTING TRIAL
18th Judicial Circuit – Brevard County**

PLEASE COMPLETE & RETURN BY _____ . *If your case has settled or been dismissed, you must reply by due date with that information. Any questions, please call 321-637-5429.*

FAX TO: FAMILY MEDIATION 321-637-5439 or email to familymediation@flcourts18.org.

Note: If you have submitted this sheet via fax or email, it is not necessary to send original. Please obtain a fax transmittal confirmation or email return receipt to avoid a follow-up phone call.

If unable to fax or email, you may mail it to Family Mediation-2nd Floor, 2825 Judge Fran Jamieson Way, Viera, FL 32940. Do NOT send this form to the Clerk of Court.

Please print.

DATE _____ CASE NO. 05-_____ - DR - _____

CASE STYLE: _____

NAME _____
(Please circle) Mr. Ms.

MAILING ADDRESS _____

TELEPHONE _____ EMAIL _____ FAX _____

YOUR GROSS ANNUAL INCOME \$ _____

(Gross income includes salaries or wages, bonuses, commissions, allowances, overtime, tips, business income, self-employment income, disability benefits, worker's compensation, unemployment compensation; pension, retirement, or annuity payments; social security benefits, spousal support, interest, dividends, rental income; royalty, trust or estate income; reimbursed expenses, recurring gains in property dealings, imputed income. Do NOT include any child support, food stamps, Social Security Income [SSI] for your children, or any children's benefits.)

HAVE YOU BEEN CERTIFIED BY THE CLERK AS INDIGENT/INSOLVENT: YES ___ NO ___
(If YES, Indigency Affidavit must be attached.)

ATTORNEY'S NAME _____

MAILING ADDRESS _____

TELEPHONE _____ EMAIL _____ FAX _____

By signing this form, I am declaring that to the best of my knowledge this information is true and correct.

**UPON RECEIVING THIS COMPLETED FORM, MEDIATION WILL BE SCHEDULED AND AN ORDER
WILL BE MAILED TO YOU.**

PRINTED NAME

SIGNATURE (Attorney may sign for client.)

DATE