

INFORMATION FOR SCHEDULING MEDIATION FORM

PLEASE COMPLETE ALL INFORMATION FOR BOTH PARTIES

Date: _____ Case No.: _____ Div No.: _____

Type of Case: _____ DIVORCE _____ PATERNITY _____ MODIFICATION

CERTIFIED BY THE CLERK AS INDIGENT/INSOLVENT: ___ Petitioner ___ Respondent

PETITIONER: _____ RESPONDENT: _____

PETITIONER ANNUAL INCOME \$ _____ RESPONDENTS ANNUAL INCOME \$ _____

ATTORNEY: _____ ATTORNEY: _____

Address for attorney or if not attorney, for the party: _____

Address: _____ ADDRESS: _____

DAYTIME TELEPHONE #: _____ DAYTIME TELEPHONE # _____

FAX NUMBER _____ FAX NUMBER _____

G.A.L.(IF ANY) _____ G.A.L. TELEPHONE # _____

G.A.L. ADDRESS: _____

Please check the issues included in the Petition which are appropriate for mediation:

_____ parental responsibility; _____ visitation; _____ child support; _____ exclusive possession of home;
_____ alimony; _____ children school issues; _____ other matters; _____

Has either party ever received public assistance _____.

Have you ever been involved with any other family case with this party. _____

If so, what is the case number _____ State or County or Origin _____

The mediation must be conducted within thirty (30) days. The mediation will be scheduled upon receiving this form and an Order of Referral Setting Case for Mediation will be sent to you via mail.

By signing this form I am declaring that to the best of my knowledge there is not significant violence or substance abuse which would impede the mediation process. **(Please fax this Information Form to (407) 665-4129), or by mail to Family Mediation Department 301 North Park Avenue, Suite N301, Sanford, FL 32772.**

SIGNATURE

Copies to:

- _____ Respondent (or Attorney)
- _____ Petitioner (or Attorney)
- _____ Domestic Clerk

Please return this form within ten (10) days after receiving attached Order referring the case to mediation.