

**VOLUNTARY MEDIATION PROGRAM
LAKE COUNTY DOMESTIC RELATIONS COURT
MEDIATION REQUEST**

NAME (Mother)

NAME (Father)

ADDRESS

ADDRESS

TELEPHONE NUMBER(S)

TELEPHONE NUMBER(S)

1. I am the Petitioner Plaintiff Defendant in Case Number
_____.

2. I am represented by Attorney _____.

3. I am requesting mediation of issues involving:

Parenting time

Custody

Other Parental Rights and Responsibilities Issues; Designate:

4. The current order in effect is:

Sole Residential Parenting

Shared Parenting Plan

Other; Designate _____

Standard Order of Parenting Time for Non-Residential Parent

Primary Residence is with: Mother Father

5. Name(s) and age(s) of the child(ren): _____

6. The other party is/is not willing and available to participate in mediation.
7. The other party's Attorney is _____.
8. There are/are no civil protection orders (TPO or CPO) or domestic violence charges between the parties (circle one).

By submitting this form, I am requesting voluntary mediation services through the Lake County Domestic Relations Court Mediation Department. I understand that my former spouse will be contacted by the Court's Mediator as to this request. If my former spouse does not consent to voluntary mediation, this request cannot proceed.

Signature

Date: _____