



Civil and Domestic Mediation Scheduling Form

STEP ONE

Civil Action #: _____ County: _____

Style of Case: _____ vs _____

Name of Mediator: _____ Location of Mediation: _____

Date of Mediation: _____ Time of Mediation: _____

STEP TWO

PLAINTIFF'S DATA

Name: (Last, First MI)

Mail Address

City, State and Zip

Phone

Attorney's Name

City, State and Zip

Phone / Fax

DEFENDANT'S DATA

Name: (Last, First MI)

Mail Address

City, State and Zip

Phone

Attorney's Name

City, State and Zip

Phone / Fax

STEP THREE

No unilateral scheduling is permitted. **By signing below, I am stating that the choice of mediator, date, time, and location listed above is the result of a mutual decision made between Plaintiff(s), Defendant(s), and Mediator.**

Print Name: (Last, First MI)

Signature Required / Date

Attorney Office

Phone

Please give a brief description of any special circumstances. _____

It is essential that copies of all documents bearing on issues to be resolved be brought to the mediation session (financial, medical, business, etc.)

STEP FOUR

Domestic Relations Only (please circle appropriate response)

Divorce: Alimony / Child support / Custody / Debt Division / Property Division

Modification: Alimony / Child Support / Custody / Visitation

Are there concerns of abuse (spouse, child, substance, etc) that are alleged or otherwise indicated? Y / N