



## 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) Attorney Office  
\_\_\_\_\_  
**Signature Required** / Date 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

*Services are provided and admissions/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age or national origin. Complaints of discrimination may be filed with the Seventh Administrative District Office.*