# FAMILY/TEMPORARY RELIEF REQUEST FORM
## MEDIATION & DIVERSION SERVICES

800 East Twiggs Street, Room 208, Tampa, FL 33602-4024
Phone (813) 272-5642 fax (813) 301-3705 e-mail: mediation@fljud13.org

YOUR NAME:_____ DATE: _____

CASE # _____ DIVISION: _____ #MINOR CHILDREN: _____

CASE STYLE (Title of Case when first filed):

_____Petitioner

vs

_____Respondent

Type: ☐ Dissolution of Marriage ☐ Paternity ☐ Department of Revenue (DO)

Status: (choose one):

☐ **Pre-**Judgment - **new** case; not finalized; no order or judgment

☐ **Post**-Judgment- **old** case; judgment already entered

PETITIONER's name: Address:_____

_____Phone: H (____) _____B (____) _____ C (____) _____

**E-Mail:** _____

ATTORNEY's name: Address:_____

Phone: B (____) _____ F (____) _____ C (____) _____

**E-Mail:** _____

MEDIATION ISSUES: ☐ Child Support ☐ Visitation ☐ Medical ☐ Paternity ☐ Marital Home ☐ Primary Residence/Custody

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☐ Alimony/Spousal Support ☐ Attorney's Fees & Costs ☐ Equitable Distribution (debts & assets) ☐ Other_____ All Issues

RESPONDENT's name: Address:_____

_____Phone: H (____) _____B (____) _____ C (____) _____

**E-Mail:** _____

ATTORNEY's name: Address:_____

Phone: B (____) _____ F (____) _____ C (____) _____

**E-Mail:** _____

| CHECK ALL THAT APPLY: | **IS SECURITY NEEDED?** | |
|---|---|---|
| Is there a history of domestic violence? | ☐ Yes | ☐ No |
| If yes, will this interfere with your ability to mediate? | ☐ Yes | ☐ No |
| Is there a juvenile dependency case pending involving these parties? | ☐ Yes | ☐ No |
| Does either party have an **Application of Indigence or mediation fees waived?** | ☐ Yes* | ☐ No |

*If yes, **check** party(ies) involved and attach copy of application: ☐ father/husband ☐ mother/wife

**SCHEDULING INFORMATION - ATTORNEYS ONLY:**

Check **1** type below; **coordinate** with opposing side & choose any business day at 9:00 am, 11:30 am, or 2:30 pm.

***Non-Court ordered** requests: If counsel does not represent both parties our office must first send a 10-day request letter to the Pro- se party

**(Provide copy of Order OR Motion for Temporary Relief)**

☐ Temporary Relief ☐ Court Order/date:_____ ☐ Non-Court Ordered

| _____/_____ | _____/_____ | _____/_____ | _____/_____ |
|---|---|---|---|
| date 1ST CHOICE time | date 2ND CHOICE time | date 3rd CHOICE time | date 4th CHOICE time |

Limited Availability for PLANT CITY (Division R cases only) - Mondays - 9:00 & 11:30 am; Thursdays – 9:00, 11:30 am & 2:30pm

CONTACT PERSON:_____ Phone _____ Date _____

Upon receipt of this completed form a Court Program Specialist will contact your office for confirmation.

*(Revised 11/20/18)*