

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

Coversheet for Temporary Relief with Children

mediation@fljud13.org

813-272-5642

Case# _____

Div. _____

YOUR NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO. (Home#) _____ (Work#) _____ Ext. _____

E-mail: _____

YOUR ATTORNEY (If you are currently represented): _____

ADDRESS: _____

TELEPHONE: _____

E-mail: _____

YOUR SIGNATURE: _____

OTHER PARTIES NAME: _____

ADDRESS: _____

TELEPHONE NO. (Home#) _____ (Work#) _____ Ext. _____

E-mail: _____

OTHER PARTY'S ATTORNEY (If currently represented) _____

ADDRESS: _____

TELEPHONE: _____

E-mail: _____

Name of Minor child _____ SS#: _____ DOB _____

Name of Minor child _____ SS#: _____ DOB _____

Name of Minor child _____ SS#: _____ DOB _____

DO YOU NEED SECURITY AT THE MEDIATION HEARING? : ____ YES ____ NO

IS THERE A HISTORY OF DOMESTIC VIOLENCE? ____ YES ____ NO

IS THERE A PENDING DEPENDENCY CASE? ____ YES ____ NO

NATURE OF REQUEST: (check those that apply)

Alimony ____ Child Support ____ Visitation Medical/Dental Bills ____ Primary Residence ____

Other _____