FAMILY 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

: ____Child Support ____Visitation ____Medical ____Paternity ____Marital Home ____ Primary Residence/Custody

___ 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: _____

CIRCLE ALL THAT APPLY:	**IS SECURITY NEEDED?**	Yes	No
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, **circle** 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 5/24/13)