

INFORMATION FOR SCHEDULING MEDIATION PRIOR TO TRIAL SETTING

Date: _____ Case No: _____ Div. No.: _____

TYPE OF CASE: _____ DIVORCE _____ PATERNITY _____ MODIFICATION _____ TEMPORARY

_____ OTHER (SPECIFY). CERTIFIED BY THE CLERK AS INDIGENT: __Petitioner __ Respondent

PETITIONER: _____
(Please circle) Mr. Mrs. Ms.

RESPONDENT: _____
(Please circle) Mr. Mrs. Ms.

PETITIONERS ANNUAL INCOME \$ _____

RESPONDENTS ANNUAL INCOME \$ _____

ATTORNEY: _____

ATTORNEY: _____

Address for attorney or if no attorney, your address:

Address for attorney or if no attorney, your address

ADDRESS: _____

ADDRESS: _____

DAYTIME TELEPHONE # _____

DAYTIME TELEPHONE # _____

FAX NUMBER _____

FAX NUMBER _____

EMAIL: _____

EMAIL _____

G.A.L. (IF ANY): _____

GAL TELEPHONE NO: _____

GAL ADDRESS: _____

Please check issues: _____ parental responsibility; _____ visitation; _____ child support; _____ alimony;
_____ exclusive possession of home; _____ equitable distribution (assets/debts) _____; attorney fees; _____
other _____

Has either party ever received any public assistance Receiving it now? _____ Type: _____

Have you ever been involved with any other family case (different case #) with this party? _____

If so, what is the case number _____ State or County of Origin _____

The mediation must be conducted within 30 days unless extended by agreement of parties. You may call the mediation office at **(407)836-2004** to obtain a date and time for mediation (preferably with the other side conferenced in, if possible). You may also check the website (left bottom of home page) for *Available Dates* at **NINJA9.org**

By signing this form I am declaring that to the best of my knowledge there is no significant violence or substance abuse which would impede the mediation process. (If you feel that you will not be able to make decisions without being intimidated by the other party, please call us at (407) 836-2004). Please FAX this Information Form to (407) 836-2367 or mail to 425 N. Orange Avenue Room 120, Orlando, FL 32801

SIGNATURE

cc: _____ Respondent (or Att'y) _____ Petitioner (or Att'y) cc: _____ Domestic Clerk

Rev. (4/07)

***This Form may expire in 30 days at which time it may be discarded. After that you may need to refile.**