

# PRO SE MEDIATION REFERRAL FORM

This form is for pro se parties in domestic cases (divorce, legitimation, custody, visitation, child support, etc.). You may use this form if you are the Plaintiff or Defendant in a case and you are representing yourself. Complete the form and fax it to the number below. You may ask FLIC to fax your referral form to the Ninth Judicial District ADR Office (Mediation Office) as a courtesy, **but it is your responsibility pursuant to Court Order to make sure the mediation is scheduled and takes place. Mediation must be completed at least 15 days prior to your final hearing.** If it does not occur within the time limits set forth in the Court Order issued to you in the Clerk's office, your hearing may be postponed.

**Please Complete the Following Information:**

Today's Date \_\_\_\_\_

Next Court Date \_\_\_\_\_ Judge \_\_\_\_\_ County \_\_\_\_\_

Case # \_\_\_\_\_ (top right corner of your legal papers)

**PLAINTIFF**

Name \_\_\_\_\_ Personal Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Address (\*\*\*\*DO NOT GIVE AN ADDRESS YOU WANT TO BE KEPT PRIVATE\*\*\*\*)

\_\_\_\_\_  
Email \_\_\_\_\_

Attorney (if represented) \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address of Attorney \_\_\_\_\_

**DEFENDANT**

Name \_\_\_\_\_ Personal Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Address (\*\*\*\*DO NOT GIVE AN ADDRESS YOU WANT TO BE KEPT PRIVATE\*\*\*\*)

\_\_\_\_\_  
Email \_\_\_\_\_

Attorney (if represented) \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address of Attorney \_\_\_\_\_

**TYPE OF ADR REQUESTED:** MEDIATION

**CASE TYPE:** DOMESTIC

**TYPE OF DOMESTIC CASE --- please specify:** \_\_\_\_\_ DIVORCE \_\_\_\_\_ MODIFICATION

\_\_\_ CUSTODY \_\_\_ VISITATION \_\_\_ CHILD SUPPORT \_\_\_ PROPERTY \_\_\_ ALIMONY \_\_\_ DEBTS

OTHER COMMENTS (specify) \_\_\_\_\_

**HAVE THERE BEEN ANY ALLEGATIONS OF DOMESTIC VIOLENCE:** \_\_\_\_\_

Yes No Unknown

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