VOLUNTARY MEDIATION PROGRAM
LAKE COUNTY DOMESTIC RELATIONS COURT
MEDIATION REQUEST

_____	_____
NAME (Petitioner 1/Plaintiff)	NAME (Petitioner 2/Defendant)
_____	_____
ADDRESS	ADDRESS
_____	_____
TELEPHONE NUMBER(S)	TELEPHONE NUMBER(S)

1. I am the ☐ Petitioner ☐ Plaintiff ☐ Defendant in Case Number _____.

2. I am represented by Attorney _____.

3. I am requesting mediation of issues involving:
   - ☐ Parenting time
   - ☐ Custody

4. The current order in effect is:
   - ☐ Sole Residential Parenting
   - ☐ Shared Parenting Plan
   - ☐ Other; Designate _____
   - ☐ Standard Order of Parenting Time for Non-Residential Parent
   - ☐ Primary Residence is with: Mother Father

5. Name(s) and age(s) of the child(ren):_____
   _____

6. The other party ☐ is ☐ is not willing and available to participate in mediation.

7. The other party's Attorney is _____.

8. There ☐ are ☐ are no civil protection orders (TPO or CPO) or domestic violence charges between the parties.

By submitting this form, I am requesting voluntary mediation services through the Lake County Domestic Relations Court Mediation Department. I understand that my former spouse will be contacted by the Court's Mediator as to this request. If my former spouse does not consent to voluntary mediation, I also understand this request cannot proceed.

_____
Signature

Date: _____

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(03/2019)