

**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.

9. **Emails:**

Petitioner/Plaintiff _____ Petitioner/Defendant _____

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: _____
(Form Rev. (03/25))

Date: _____