

## REQUEST FOR MEDIATION

Instructions: To avoid delay in processing your request, please complete the form neatly, accurately, completely, **and in black ink**. The completed form should be mailed to the following address, along with a copy of a completed *Proposed Parenting Plan* (Form FA-4147V), which is available at no charge on the Internet at [www.wicourts.gov](http://www.wicourts.gov):

**Family Court Commissioner  
213 Ellis Street  
Kewaunee, WI 54216**

Kewaunee County Case No.: \_\_\_\_\_ Referred by: Self \_\_\_ Court \_\_\_ Other \_\_\_

Is there currently pending in court an action for legal custody or physical placement (visitation) concerning the minor child(ren) in common?

Yes \_\_\_ No \_\_\_

Is there a restraining order or other order prohibiting contact between the parties? Yes \_\_\_ No \_\_\_

Would attending the mediation session cause undue hardship or endanger the health or safety of you?

Yes \_\_\_ No \_\_\_

Has either parent completed an educational program on the effects of divorce on children and providing training in parenting or co-parenting skills?

Mother: Yes \_\_\_ No \_\_\_

Father: Yes \_\_\_ No \_\_\_

Requesting Parent _____	Date of Birth _____
Address _____	Present Attorney _____
City, State, ZIP Code _____	
Cell Phone No.: _____	Email Address: _____
Employer Name: _____	Work Phone No.: _____
Work Schedule: _____	
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Other Parent _____	Date of Birth _____
Address _____	Present Attorney _____
City, State, ZIP Code _____	
Cell Phone No.: _____	Email Address: _____
Employer Name: _____	Work Phone No.: _____
Work Schedule: _____	
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<u>Minor Child(ren) in common</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____

**COMPLETE REVERSE SIDE.**

1. What is the current court order, if any, for legal custody of the minor child(ren)?
  
2. What is the current court order, if any, for physical placement (visitation) of the minor child(ren)?
  
3. When did you last have physical placement (visitation) with the child(ren)?
  
4. Please explain the problem with custody and/or physical placement (visitation).
  
  
  
  
  
  
  
  
  
  
5. Please describe what you feel would be a solution to the problem.

I certify that the above information provided is true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Once mediation is referred, this form will be mailed to the other parent  
along with a copy of the Order for Mediation.***