

INFORMATION FOR SCHEDULING MEDIATION PRIOR TO TRIAL SETTING

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

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

OTHER (SPECIFY)_____. IS EITHER PARTY CERTIFIED AS INDIGENT? _____

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

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

YOUR **ANNUAL GROSS** INCOME; \$ _____

YOUR **ANNUAL GROSS** INCOME; \$ _____

Your Address or attorney's if you have an attorney

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ADDRESS: _____

ADDRESS: _____

DAYTIME TELEPHONE # _____

DAYTIME TELEPHONE # _____

FAX NUMBER _____

FAX NUMBER _____

EMAIL: _____

EMAIL _____

ATTORNEY: _____

ATTORNEY: _____

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

GAL TELEPHONE NO: _____

GAL ADDRESS: _____

Please check issues: Parental responsibilities _____; time-sharing _____; child support _____; equitable distribution (assets/debts) _____; possession of home _____; attorney fees _____; alimony/spousal support _____; 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? _____

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

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 (with the other side conferenced in, if possible). You may also check the website for *Available Dates* at **NinthCircuit.org – Dispute Resolution Services**.

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). **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. Form 50 (9/12/08)

***This Form 50 may expire in 30 days at which time it may be discarded. After that you may need to refile.**