

4th Judicial District Request for Mediation

Complete this form to request a mediation session and send to:
04JDMediation@judicial.state.co.us

Case Number: _____

Date of Request: _____

Name of Requestor: _____

Case Type

DR - Divorce, Legal Separation,
Dissolution of Civil Union

DR - Child Custody

DR - Invalidity of Marriage

JV – Paternity

DR/JV - Child Support

C - Civil Money under \$25,000

CV - Civil Money over \$25,000

CV - Breach of Contract

CV - Personal Injury

C - Eviction

PR - Estate Matters

CV – Foreclosure

Contested Issues:

Parenting Time

Parental Responsibilities

Marital Property and Debts

Child Support

Spousal Maintenance

Modification of Court Orders

Relocating Minor Child

Other: _____

Mediation Fees:

(Due 10 days prior to a scheduled session)

Domestic (DR/JV) - \$150 Per Party

County Court Civil (C) - \$100 Per Party

District Court Civil (CV) - \$225 Per Party

Probate (PR) - \$225 Per Party

Reduced Fees:

Will either party be applying for reduced fees?

Petitioner/Plaintiff

Respondent/Defendant

Petitioner/Plaintiff

Name: _____

Phone Number: _____

Email Address: _____

Attorney for Petitioner/Plaintiff

Name: _____

Phone Number: _____

Email Address: _____

Respondent/Defendant

Name: _____

Phone Number: _____

Email Address: _____

Attorney for Respondent/Defendant

Name: _____

Phone Number: _____

Email Address: _____

Interpreter:

Does either party require an interpreter? No. Yes. If yes, what type? _____

Address Confidentiality Program

Has either party been certified in the State of Colorado Address Confidentiality Program?

(Attach ACP card if applicable)

Petitioner/Plaintiff

Respondent/Defendant