

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 Support

☐ DR – Invalidity of Marriage

☐ JV – Paternity

☐ DR/JV – Child Support

☐ S – Small Claims

☐ 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)

Small Claims (S) - \$60 Per Party

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

Domestic (DR/JV) - \$150 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