

# 4th Judicial District Request for Mediation

Complete this form to request a mediation session and send to:

[04JDMediation@judicial.state.co.us](mailto: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