

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
ASHTABULA COUNTY, OHIO**

PLAINTIFF	CASE NO. _____	
VS	JUDGE: _____	
DEFENDANT	MAGISTRATE: Edith M. Jonas	

REQUEST FOR DOMESTIC RELATIONS MEDIATION

Now comes _____, who requests that this case be scheduled for Domestic Relations Mediation regarding the following (please check all that apply):

- ___ Allocation of Parental Rights and Responsibilities.
- ___ Modification of visitation/parenting time schedule.
- ___ Enforcement of Court order dated _____ re: _____.
- ___ Provisions of Court order dated _____ require mediation between the parties prior to any hearing by the Court.
- ___ There is no language in a previous Court order requiring mediation.
- ___ Other: _____.

There is a \$100 fee associated with mediation. Unless otherwise agreed, the parties shall share the fee equally.

Respectfully submitted,

Attorney or Filing Party's Signature

Printed Name: _____
Supreme Court No. _____, if applicable
Attorney for _____, if applicable
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____
Email: _____

INSTRUCTIONS FOR SERVICE

The requesting party must bring 3 copies of the foregoing Request for Domestic Relations Mediation to Ashtabula County Clerk of Courts to be filed.

TO THE CLERK: Please send a copy by regular mail of the Request for Domestic Relations Mediation to:

_____(Name)
_____(Address)
_____(City, State, Zip)

Attorney or Filing Party's Signature

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Upon request of the moving party, and for good cause shown, the above captioned parties are hereby ordered to contact Mediation & Conflict Management Services at (440) 576-3227, AEDudik@ashtabulacounty.us, located at 25 West Jefferson Street, Jefferson, Ohio 44047, within fourteen days of receipt of this order to schedule a date for an individual mediation session and a joint mediation session.

Any fees associated with mediation shall be shared equally by the parties.

IT IS SO ORDERED.

MAGISTRATE EDITH M. JONAS

cc: Plaintiff
Defendant
Mediation & Conflict Management Services.