

IN THE COURT OF COMMON PLEAS
JUVENILE DIVISION
ASHTABULA COUNTY, OHIO

PLAINTIFF

VS

DEFENDANT

CASE NO. _____

JUDGE: _____

MAGISTRATE: _____

REQUEST FOR JUVENILE COURT MEDIATION

Now comes _____, who requests that this case be scheduled for 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 _____ regarding _____
- ___ 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: _____

Upon receipt of this Request, parties may contact the Ashtabula County Mediation and Conflict Management Services Department at (440) 576-3227 to discuss scheduling the mediation.

PLEASE NOTE: *No appointments will be scheduled until all parties have contacted the mediation department.*

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 **original** of this Request for Juvenile Court Mediation is being **filed** with the Clerk of Courts and copies are being sent via ordinary mail by ***(Party Filing Request)*** _____ to the following:

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

And,

Ashtabula County Mediation and Conflict Management Services
25 W. Jefferson Street
Jefferson, OH 44047

True copies were mailed to the parties on this _____ day of _____, 20____.

Attorney or Filing Party's Signature
Printed Name: _____