

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

PLAINTIFF

VS

DEFENDANT

CASE NO. _____
JUDGE: _____
MAGISTRATE: _____

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 _____ 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.

Unless agreed upon otherwise by the parties, the fee of \$100.00 shall be divided equally between the parties upon the conclusion of the mediation.

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

This Request for Domestic Relations Mediation is being filed with the Clerk of Courts and copies are being sent to _____ at _____ and to the Ashtabula County Mediation and Conflict Management Services office at 25 W. Jefferson Street, Jefferson, OH 44047 on this _____ day of _____, 20____.

Attorney or Filing Party's Signature

Printed Name: _____