

The MGR Law Firm, PLLC
INFORMATION FOR SCHEDULING MEDIATION

Date: _____
STATE: _____

Case No: _____
County: _____

Div.: _____

TYPE OF CASE: Divorce Paternity Modification Temporary Other (specify): _____

Coordinated Mediation Dates Requested (if known and agreed by both parties):

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Request for Mediation Dates Availability (specify the month being requested): _____

Requested Length of Mediation _____ (i.e. 3 hours, 4 hours, etc.) (*Minimum 2 hours)

PETITIONER: _____

ANNUAL GROSS INCOME: _____

ATTORNEY (if you are represented): _____

ADDRESS (Attorney's address if you are represented):

TELEPHONE #: _____

E-MAIL: _____

RESPONDENT: _____

ANNUAL GROSS INCOME: _____

ATTORNEY (if you are represented): _____

ADDRESS (Attorney's address if you are represented):

TELEPHONE #: _____

E-MAIL: _____

G.A.L., CFI, PRE, other (if any): _____ Address: _____ Telephone # _____

**Please check the issues that are included in the
Petition/Modification to be mediated:**

- Parental Responsibility Time Sharing Child Support Exclusive Possession of Home
 Equitable Distribution (assets/debts) Attorneys fees Alimony/Spousal Support
 Other: _____

Will you or the other party need English language translation assistance during the mediation? Yes ___ No ___

If yes, what language(s)? _____

Who will be translating/interpreting? _____

Please submit this to info@themgrfirm.com.

Person submitting the Form: _____
Print Name

Signature