

The MGR Law Firm, PLLC
INFORMATION FOR SCHEDULING MEDIATION

Date: _____ Case No: _____ Div.: _____
STATE: _____

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

Coordinated Mediation Dates Requested:

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

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

PETITIONER: _____

(Please circle) Mr. Mrs. Ms.

ANNUAL GROSS INCOME: _____

ATTORNEY (if you are represented): _____

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

RESPONDENT: _____

(Please circle) Mr. Mrs. Ms.

ANNUAL GROSS INCOME: _____

ATTORNEY (if you are represented): _____

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

TELEPHONE #: _____

E-MAIL: _____

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: _____

Please submit this to info@themgrfirm.com.

Person submitting the Form: _____

Print Name

Signature