

REQUEST FOR MEDIATION

Instructions: To avoid delay in processing your case, please complete the form neatly, accurately and completely. Form should be delivered to:

**Donald LaFave Mediation & Counseling, LLC.
316 5th Street, Suite 3
Post Office Box 113
Racine, WI 53401-0113**

Case Name: _____ Case No. _____

Referred By: (Check One) Self Court Ordered Other _____

Have you ever been married to the other party? Yes No

Is there currently pending in Family Court an action for custody, physical placement or visitation issues concerning the child(ren)? Yes No

Is there currently a Restraining Order or Injunction? Yes No

Have you ever engaged in domestic abuse with the other parent? Yes No

Has the other parent ever engaged in domestic abuse? Yes No

We cannot process your request unless the current address of the other parent is known.

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Mother Date of Birth S.S.#

Address City, State, Zip Code

Present Attorney Marital Status

Home Telephone: _____

Place of Employment: _____ Phone: _____

Working Hours: _____
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Father Date of Birth S.S.#

Address City, State, Zip Code

Present Attorney Marital Status

Home Telephone: _____

Place of Employment: _____ Phone: _____

Working Hours: _____

Minor Children

Date of Birth

The minor child(ren) are currently in the legal custody of:

What is the current court ordered visitation or access to child(ren):

When did you last have access to the child(ren):

Please explain the problem:

Please describe what you feel would be a solution to the problem:

Date: _____ **Signature:** _____