

WALK-IN MEDIATION SERVICES

Individuals seeking the assistance of the family court or family court commissioner concerning problems relating to legal custody, physical placement or visitation issues should fill out this form. Upon receipt of the completed form with the required fee (see below), the court or family court commissioner will promptly refer the matter to Family Court Counseling Services for mediation pursuant to Wisconsin Statutes.

Mediation is a cooperative process of intervention between conflicting parties by a neutral third party or mediator. The purpose of mediation is to assist parties by the application of communication and dispute resolution skills in defining and resolving their own disagreements with the best interests of the child as a paramount consideration.

**MEDIATION REFERRALS** (a) In any action affecting the family, including a revision of judgment or order under s. 767.32 or 767.325, in which it appears that legal custody or physical placement is contested, the court or family court commissioner shall refer the parties to the director of family court counseling services for possible mediation of those contested issues. The court or family court commissioner shall inform the parties that there is no privilege of confidentiality when the mediator also conducts the legal custody or physical placement study under sub. (14), (b) If both parties to any action affecting the family wish to have joint legal custody of a child, either party may request the court or family court commissioner to refer the parties to the director of family court counseling services for assistance in resolving any problem relating to joint custody and physical placement of the child. Upon request, the court shall so refer the parties,  
(c) A person who is awarded periods of physical placement, a child of such a person, a person with visitation rights or a person with physical custody of a child may notify the family court commissioner of any problem he or she has relating to any of these matters. Upon notification, the family court commissioner may refer any person involved in the matter to the director of family counseling services for assistance in resolving the problem.  
767.11(5) (a,b,c) Stats.

FEES FOR WALK-IN MEDIATION SERVICES

Effective January 1, 1998, there is a \$30.00 non-refundable fee to any party who applies for mediation services. That fee must be paid by cash or a check or money order made payable to the Family Court Counseling Services at the time of application. Upon receipt of the application, a mediator will be assigned to assist the parties in resolving the issues of placement and/or custody.

**THIS FEE WILL BE NOT BE REFUNDED IF THE OTHER PARTY DOES NOT PARTICIPATE IN THE MEDIATION PROCESS OR IF NO AGREEMENT IS REACHED.**

**NOTIFICATION OF PROBLEM TO FAMILY COURT  
REFERRAL FOR MEDIATION**

**INSTRUCTIONS: TO AVOID DELAY IN PROCESSING YOUR CASE, PLEASE COMPLETE THE FORM NEATLY, ACCURATELY AND COMPLETELY.**

Form should be delivered to:  
**Family Court Commissioner  
730 Wisconsin Ave., Fifth Floor  
Racine, WI 53403**

**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 children? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Is there currently a Restraining Order or Injunction? **Yes** \_\_\_\_\_, **No** \_\_\_\_\_,

**WE CANNOT PROCESS THE REQUEST UNLESS CURRENT ADDRESS OF 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:** \_\_\_\_\_

**Please see reverse side to complete the form.**

**MINOR CHILDREN**

**DATE OF BIRTH**

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**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:** \_\_\_\_\_