

Name of Person Filing Document: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____
Attorney Bar Number (if applicable): _____
Representing: Self, Without a Lawyer, OR
 Attorney for _____

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MOHAVE**

In re the Matter of:

Case No. _____

(Name of Petitioner)

REQUEST FOR MEDIATION

AND

(Name of Respondent)

I, _____, am requesting Mediation because there is a disagreement between the parents concerning legal decision making and/or visitation as follows: (examples: Need to modify parenting time; Need to work out holiday or vacation schedule; One parent is moving, etc.)

NOTE: The Mediation Department cannot assist with issues regarding property or finances.

Date

Signature

The person filing this Request for Mediation is sending a copy to the other party at this address:

on this date: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Petitioner)

Case No: _____

AND

ORDER FOR MEDIATION

(Name of Respondent)

IT IS HEREBY ORDERED that as a result of the REQUEST FOR MEDIATION, the parties are referred to Conciliation Court for mediation and that the parties participate and cooperate in the mediation process.

DATE: _____

Judge/Commissioner of the Superior Court

cc: Mediation