Petitioner/Joint Petitioner A Respondent/Joint Petitione	x: r B:	
Enter the name of the county in which this case is filed.	STATE OF WISCONSIN, CIRCUIT COURT, EAU CLAIRE COUN	TY
Check marriage or	IN RE: THE MARRIAGE PATERNITY OF	
paternity. If paternity, enter initials of child.	Petitioner/Joint Petitioner A	
Enter the name of the Petitioner/Joint Petitioner A. Enter the name of the	Name (First, Middle and Last) and Respondent/Joint Petitioner B	Request for Court Ordered Mediation
Respondent/ Joint Petitioner B. Enter the case number.	Name (First, Middle and Last)	Case No
Enter the case number.	Party requesting modiation:	
Enter your name, address, and phone numbers.	Party requesting mediation: Name Address Address	
		StateZip
[Relationship to Parent child(ren) Other person with court ordered	placement:
Describe the problems you are experiencing with the current physical placement or legal custody order. Add additional pages if necessary.	and/or physical placement: Other Party(ies):	mowing problems with legal custody
Enter the other party(ies) name, address, and phone numbers.	Name Address Address	
phone numbers.	City	_ State Zip
	Phone [Day] For additional parties, See attached.	[Evening]
Check box if applicable.	There 🗌 is 🔲 is not a concern for personal s	afety.
	There ☐ is ☐ is not a pending criminal case	involving the parties.
Check box if no other contact order exists or is on does exist, enter the county or state and type	Another no contact order between the petitioner a does not exist or the petitioner does not known occupant to the petitioner does not known occupant to the petitioner does not known occuracy order exists.	•
of case.	does exist.	
	County or State: [If not Wisconsin] Type of Case:	
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Petitioner/Joint Petitioner A:	
Respondent/Joint Petitioner	B:

UNDERSTANDINGS

- I understand that mediation is not a court hearing.
- I understand that I may need to file a motion before further court proceedings will be scheduled if we are not able to settle our disagreements in mediation.
- I understand I must send a copy of this request to the other party(ies).

Sign and print your name.		Signature	
Enter the date on which you signed your name.	Prin	Print or Type Name	
Note: This signature does not need to be notarized.		Address	
	Email Address	Telephone Number	
	Date	State Bar No. (if any)	

EAU CLAIRE COUNTY REFERRAL & ORDER FOR MEDIATION

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	Petitioner	Responaent		
Name				
Address				
City, State, Zip				
Phone no.				
Work phone no.				
Cell phone no.				
Email				
Attorney				
First Name only of Child(ren) Age				
CHECK ONE: [] MOTION FILED [] REQUEST FOR MEDIATION FILED [] REQUESTED AT HEARING				
CHECK ONE OR MORE: [] CUST	ODY [] PHYSICAL PLACEMENT	[]GRAN	DPARENT VISITATION	
[] INTERPRETER REQUIRED	LANGUAGE:			
DATE OF HEARING, IF ANY:				

The purpose of mediation is to create a Parenting Agreement for non-financial issues such as: child custody, physical placement schedules, holiday schedules, summer schedules, and other parental guidelines. TRY Mediation schedules the appointment after they receive the court order from the court. You will be notified of your mediation appointment date and time by either U.S.P.S. mail or by email. Please check both your Inbox and Junk Folder for scheduling information. Promptly complete your Family Intake Form when received. The cost of the initial session is paid by the court. TRY Mediation may assess an appropriate fee for subsequent mediation sessions. If you have questions, please call TRY Mediation at 715-839-6295.