

MEDIATION & DIVERSION SERVICES
FAMILY/TEMPORARY RELIEF REQUEST FORM
 800 East Twigg Street, Room 208, Tampa, FL 33602-4024
 Phone (813) 272-5642 Fax (813) 301-3705 E-Mail: mediation@fljud13.org

| | | | | |
|--------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|
| YOUR NAME: _____ | DATE: _____ | CASE # _____ | DIVISION: _____ | #MINOR CHILDREN: _____ |
| CASE STYLE (Title of Case when first filed): _____ Petitioner vs _____ Respondent | | Type: ___ Dissolution of Marriage ___ Paternity ___ Department of Revenue (DOR) Status: (choose one): ___ Pre-Judgment - new case; not finalized; no order or judgment ___ Post-Judgment- old case; judgment already entered | | |

| | |
|--------------------------|--------------------------------------------|
| PETITIONER's name: _____ | Address: _____ |
| | City: _____ State _____ Zipcode _____ |
| | Phone: H () _____ B () _____ C () _____ |
| | E-Mail: _____ |
| ATTORNEY's name: _____ | Address: _____ |
| | City: _____ State _____ Zip code _____ |
| | Phone: B () _____ F () _____ C () _____ |
| | E-Mail: _____ |

MEDIATION ISSUES ___ Child Support ___ Visitation ___ Medical ___ Paternity ___ Marital Home ___ Primary Residence/Custody
 ___ Child Support ___ Visitation ___ Medical ___ Paternity ___ Marital Home ___ Primary Residence/Custody
 ___ Alimony/Spousal Support ___ Attorney's Fees & Costs ___ Equitable Distribution (debts & assets) ___ Other _____ All Issues

| | |
|--------------------------|--------------------------------------------|
| RESPONDENT's name: _____ | Address: _____ |
| | City: _____ State: _____ Zip code _____ |
| | Phone: H () _____ B () _____ C () _____ |
| | E-Mail: _____ |
| ATTORNEY's name: _____ | Address: _____ |
| | City: _____ State: _____ Zipcode: _____ |
| | Phone: B () _____ F () _____ C () _____ |
| | E-Mail: _____ |

CIRCLE ALL THAT APPLY:

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|------|----|
| IS SECURITY NEEDED? | Yes | No |
| Is there a history of domestic violence? | Yes | No |
| If yes, will this interfere with your ability to mediate? | Yes | No |
| Is there a juvenile dependency case pending involving these parties? | Yes | No |
| Does either party have an Order for Indigence or mediation fees waived? | Yes* | No |
| *If yes, circle party(ies) involved and <u>attach copy of the order</u> : father/husband mother/wife | | |

| SCHEDULING INFORMATION - ATTORNEYS ONLY: | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------|
| Check the type of mediation below; coordinate with opposing side & choose any business day at 9:00 am, 11:30 am, or 2:30 pm. | | | |
| * Non-Court ordered requests: If both parties are not represented by counsel our office must first send a 10 day request letter to the pro se party. | | | |
| (Provide copy of order) | | | |
| ___ Temporary Relief _____ / _____ date <u>1ST CHOICE</u> time | ___ Court Order/date: _____ _____ / _____ date <u>2ND CHOICE</u> time | ___ Non-Court Ordered _____ / _____ date <u>3RD CHOICE</u> time | _____ / _____ date <u>4TH CHOICE</u> time |
| Limited Availability for PLANT CITY (Division R and T cases only) - Mondays - 9:00, 11:30 am & 2:30pm; Thursdays – 9:00, 11:30 am & 2:30pm | | | |
| CONTACT PERSON: _____ | | Phone _____ | Date _____ |
| Upon receipt of this completed form a Court Program Specialist will contact your office for confirmation. | | | |