

Mediation of Children's Issues
MEDIATION REFERRAL REQUEST

CASE CAPTION & NO: _____

To: Office of the Family Court Commissioner
P. O. Box 220
Friendship, WI 53934

I request a referral to the Adams County Family Court Mediation Service for assistance with: custody visitation/physical placement

Father's contact information: Petitioner Respondent

Name: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____ email: _____
Attorney Representing Father: _____

Mother's contact information: Petitioner Respondent

Name: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____ email: _____
Attorney Representing Mother: _____

Child(ren) Information:

Name: _____	DOB: _____

Name of Guardian ad Litem appointed for children: _____

ATTACH A COPY OF THE MOST RECENT ORDER RE CHILD PLACEMENT

Date: _____

Signature of Party Requesting Services
Printed name of party: _____