

# 4th Judicial District Request for Mediation

Complete this form to request a mediation session and  
send to:

[04JDMediation@judicial.state.co.us](mailto:04JDMediation@judicial.state.co.us)

Case Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

## Case Type:

DR - Divorce, Legal Separation,  
Dissolution of Civil Union

DR - Child Custody

DR - Invalidity of Marriage

JV - Paternity

DR/JV - Child Support

C - Civil Money under \$25,000

CV - Civil Money over \$25,000

CV - Breach of Contract

CV - Personal Injury

C - Eviction

PR - Estate Matters

CV - Foreclosure

## Contested Issues:

Parenting Time

Parental Responsibilities

Marital Property and Debts

Child Support

Spousal Maintenance

Modification of Court Orders

Relocating Minor Child

Other: \_\_\_\_\_

## Mediation Fees:

(Due 10 days prior to a scheduled session)

Domestic (DR/JV) - \$150 Per Party

County Court Civil (C) - \$100 Per Party

District Court Civil (CV) - \$225 Per Party

Probate (PR) - \$225 Per Party

## Reduced Fees:

Will either party be applying for reduced fees?

Petitioner/Plaintiff

Respondent/Defendant

## Petitioner/Plaintiff

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Attorney for Petitioner/Plaintiff

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Respondent/Defendant

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Attorney for Respondent/Defendant

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Interpreter:

Does either party require an interpreter? If yes, what type? \_\_\_\_\_

Yes

No

## Address Confidentiality Program

Has either party been certified in the State of Colorado Address Confidentiality Program? (Attach ACP card if applicable)

Petitioner/Plaintiff

Respondent/Defendant