## \*\*NOTE: YOU MUST PROVIDE BOTH PARENTS NAMES AND ADDRESSES FOR US TO SEND THE ORDER.

**Please Return To:** 

## INFORMATION SHEET – MEDIATION REFERRAL CASE NO.\_\_\_\_\_

IMPORTANT: IF YOU HAVE ANY CONCERNS ABOUT PHYSICAL SAFETY FROM PARTICIPATING IN MEDIATION, PLEASE CALL MEDIATION AND FAMILY COURT SERVICES AT 608-785-6162 IMMEDIATELY.

PARENT A		PARENT B:	
Name:		Name:	
Date of Birth:		Date of Birth:	
Contact number:		Contact number:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
E-mail:		E-mail:	
Attorney:		Attorney:	
Best available time for appointm	nents:	Best available time for appointments:	
Days:		Days:	
Times:		Times:	
<u>Children:</u>			
Name:		DOB:	
REGARDING THIS SITUATIO	ON: (Check all that ap	ply)	
Do you have a future court date	scheduled? If yes, when	?	
Do you have a future court dateAre you involved with a counsel	scheduled? If yes, when		y):
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Violation of Wisconsin Statute §905.35, may result in fines or other sanctions as deemed appropriate by the Court.

Eric S. Sanford, Family Court Commissioner 333 Vine St., Rm 2500, La Crosse WI 54601