

1 Code: 2095

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 _____,
11 Plaintiff / Petitioner / Joint Petitioner, Case No. _____

12 vs. Dept. No. _____

13 _____,
14 Defendant / Respondent / Joint Petitioner.

15 REQUEST FOR MEDIATION

16 **Minor Child(ren)**

17 Print the name(s) of the minor child(ren) below.

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21
22 A. Child 1: _____ (First and Last Name) _____ (Date of Birth)

23 Child 2: _____ (First and Last Name) _____ (Date of Birth)

24 Child 3: _____ (First and Last Name) _____ (Date of Birth)

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26 If more room is needed, attach additional sheets.

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Reason(s) for Mediation
Check all of the boxes that apply.

B. I request that mediation be ordered for the purpose of the parents attempting to work together to resolve the following issue(s):

- Custody / Visitation Holiday Schedule Vacation Schedule
- School Enrollment Relocation Extra-Curricular Activities
- Other: _____

Reason(s) for Mediation, Continued
In detail, tell the Court why you believe your request for mediation should be granted.

C. _____

If more room is needed, attach additional sheets.

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Additional Information
Select "Yes" **OR** "NO" by checking one box next to each statement.

D. Yes No I have completed an updated financial declaration that I will file with this Request for Mediation.

Yes No I understand that there is a fee to use the Court mediation program.
(Fees range from \$0 to \$300.00, per person, based upon income).

Yes No The Court previously ordered that we are to attend mediation prior to filing a Motion. If yes, date of the Order / Decree: _____.

Yes No I request to appear at mediation by telephone, because of the following circumstances: _____
_____.

This document does not contain the personal information of any person as defined by NRS 603A.040.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: _____ Your Signature: _____

Print Your Name: _____

When to File: If you do not file an opposition/response to this request with the Court within ten (10) days, beginning the day after service, the person who filed this request may submit it to the Court for decision. **Please note: parties who are served by U.S. Mail have three (3) additional days, a total of thirteen (13) days, to file an opposition/response.**