

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF LANE

In the Matter of: \_\_\_\_\_ )  
 )  
 )  
Petitioner \_\_\_\_\_, )  
 )  
and \_\_\_\_\_ )  
 )  
Respondent \_\_\_\_\_, )  
 )  
 )

CASE NO.: \_\_\_\_\_

REQUEST FOR MEDIATION  
BY ONE PARENT AND ORDER

I, \_\_\_\_\_, am the (mother) (father) of the child(ren) in this matter. We cannot agree upon custody or parenting time, and I am requesting we attend mediation through the Lane County Family Mediation Program. I am therefore filing this Request and Order for Mediation by One Parent. I have kept a copy. I have taken the responsibility to see that the other parent receives a copy of this request, as indicated in the "Notice" section below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)

BOTH PARENTS MUST PROMPTLY CONTACT THE LANE COUNTY FAMILY MEDIATION PROGRAM, (541)682-3962, 777 HIGH STREET, SUITE 100, EUGENE, OR 97401, TO SCHEDULE A MEDIATION APPOINTMENT. YOU MUST CONTACT THE PROGRAM WITHIN SEVEN (7) DAYS OF THE DATE THIS FORM WAS MAILED OR GIVEN TO THE OTHER PARENT.

IT IS SO ORDERED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Circuit Court Judge

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NOTICE TO PARENTS MAKING THIS REQUEST: THE COURT REQUIRES YOU TO GIVE NOTICE TO THE OTHER PARENT.

I, \_\_\_\_\_, gave or mailed a copy of this Request to the other parent or the parent's attorney on \_\_\_\_\_.

Signed: \_\_\_\_\_ Name of Attorney \_\_\_\_\_  
Parent or Attorney

\_\_\_\_\_  
Address of Requesting Parent

\_\_\_\_\_  
Phone Number or Message Number

\* \* \* \* \*

Witness my hand and Seal this \_\_\_\_\_ day, \_\_\_\_\_, 19\_\_\_\_

Signed: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary/Court Clerk