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

In the Matter of:	)
	)
________________________________,	)
Petitioner	)
and	) CASE NO.: ____________________
________________________________,	)
Respondent	) STIPULATED REQUEST
	) FOR MEDIATION

Since it appears to both parents that custody or parenting time cannot be agreed upon,

( ) The parents will participate in the Lane County Family Mediation Program.

BOTH PARENTS WILL PROMPTLY CONTACT THE LANE COUNTY FAMILY MEDIATION PROGRAM, (541) 682-3962, 777 HIGH STREET, SUITE 100, EUGENE, OR 97401 TO SCHEDULE A MEDIATION APPOINTMENT.

-OR-

( ) The parents request the use of an independent mediator. The mediator has been contacted and has agreed to mediate, and has also agreed to abide by the Mediation Rules of this Court.
The independent mediator is: Name ________________________________
Address ____
Phone _______________. The first mediation appointment is scheduled for:
Date ______________________________.

* *
*

______________________________	______________________________
Mother's Signature	Father's Signature
______________________________	______________________________
Address or Mailing Address	Address or Mailing Address
______________________________	______________________________
City State/Zip Phone or	City State/Zip
Phone or Message #	Message #
______________________________	______________________________
Date	Date
______________________________	______________________________
Mother's Attorney	Father's Attorney