

IN THE COURT OF COMMON PLEAS
TUSCARAWAS COUNTY, OHIO
JUVENILE DIVISION

Participant Name

Street Address

City State Zip

Phone Number

vs.

Joint Request for Mediation Services
(*Before* an initial action is filed)

Participant Name

Street Address

City State Zip

Phone Number

Under Local Rule of Practice 15.03(C), the above participants jointly request that the Court's Mediation Program help them resolve their custody/visitation issues before the filing of a Complaint with this Court.

Check here if there has been a protection order or any domestic violence allegations against either participant by the other participant.

Participant Signature

Participant Signature

Attorney Signature, if represented

Attorney Signature, if represented

TUSCARAWAS COUNTY JUVENILE COURT
JUDGE ADAM W. WILGUS
INTAKE FOR MEDIATION

Name: _____

Address: _____

Phone: _____

Employer: _____

Job Title: _____

Annual Gross Income: _____

Receiving Public Assistance: YES ____ NO ____

Total number of adults in household: _____

Total number of minor children in your household and ages: _____

Any history of Domestic Violence: _____

Describe the **CURRENT PARENTING ARRANGEMENTS** for the parties' minor children:

Voluntary ____ Court Ordered ____

Sole Mom ____ Sole Dad ____ Shared ____

IF COURT ORDERED, PLEASE BRING A COPY OF YOUR CURRENT ORDER REGARDING CUSTODY/VISITATION TO THE MEDIATION SESSION

What are your current concerns needing to be mediated and how would you like to see them resolved? _____
