Name of Person Filing Document:	
Mailing Address:	
City, State, Zip Code:	
Day/Evening Phone Number:	
Attorney Bar Number (if applicable):	
Representing: Self, Without a Lawyer, OR	
□ Attorney for	

FOR CLERK'S USE ONLY

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF MOHAVE

In re the Matter of:	
	Case No
(Name of Petitioner)	REQUEST FOR MEDIATION
AND	
(Name of Respondent)	
I,, am requesting the parents concerning legal decision making and/o parenting time; Need to work out holiday or vacation NOTE: The Mediation Department cannot assist wi	n schedule; One parent is moving, etc.)
Date	Signature
The person filing this Request for Mediation is send a copy to the other party at this address:	ling
on this date:	

Revised: 1/1/2013 Page 1 of 1

FOR	CLERK'S	USE ONLY

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

		Case No:
(Name	e of Petitioner)	ORDER FOR MEDIATION
AND		ONDER I OR MEDIATION
(Name	e of Respondent)	
	IT IS HEREBY ORDERED that a	as a result of the REQUEST FOR MEDIATION, the parties are
referre	ed to Conciliation Court for mediation	on and that the parties participate and cooperate in the mediation
proces	SS.	
DATE:	<u>:</u>	
		Judge/Commissioner of the Superior Court
CC:	Mediation	

Revised: 1/1/2013 Page 1 of 1