REQUEST TO ATTEND MEDIATION

PARTY REQUESTING MEDIATION

Name:	Phone:		
Street:			
City:	State:	Zip:	
Email:			
OTHER PARTY			
Name:		Phone:	
Street:			
City:	State:	Zip:	
Email:			
about mediation.	con	tacted me on	requesting information
			ould like to discuss in mediation are:
parent/child contact pick-up & drop-off parent to parent con parenting issues financial issues other	/ transportation issues nmunication		
Please contact me by	(date) to d	liscuss the possibility of s	cheduling a mediation appointment.
For more information or www.vermontjudiciary.	_	n Mediators you may call	(802) 828-3278 or go to
NOTES:			
Thank you,			
Mediator	Telephone	Date S	Sent
I have sent a copy o	f this form to the party r	equesting mediation.	

04/18 JZ