ST CLAIR COUNTY FRIEND OF THE COURT

REQUEST FOR MEDIATION

Please complete the following:	Case Number:
Your Name	Other Parent's Name
Address	Address
CITY, STATE, ZIP IS THIS A NEW ADDRESS YES[] NO[]	CITY, STATE, ZIP IS THIS A NEW ADDRESS YES[] NO[]
Home Phone #	Home Phone #
Cell Phone #	Cell Phone #
Work Phone #	Work Phone #
Email Address	Email Address
Child's Name	Birthdate
Child's Name	Birthdate
Child's Name	Birthdate
the Court or your attorney will prepare a consent order	
Signature	Date