

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY, OR PARTY IF NO ATTORNEY: <i>(Name and Address):</i>	FOR COURT USE ONLY
TELEPHONE NO.:	
Superior Court of California, County of Placer <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P. O. Box 619072 P.O. Box 5669 Roseville, CA 95661-9072 Tahoe City, CA 96145	
Petitioner: Respondent:	
PETITION FOR CONFIDENTIAL CHILD CUSTODY MEDIATION	CASE NUMBER:

We, the petitioner and respondent (or other party), do not agree on issues of legal custody (decision making) and/or parenting time but we do agree to participate in mediation. We request child custody mediation for the issues described below:

Petitioner

Respondent

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Telephone Number / Message Number

Telephone Number / Message Number

Email Address

Email Address

Attorney's Name

Attorney's Name

Attorney's Full Address

Attorney's Full Address

Attorney's Telephone Number

Attorney's Telephone Number

Attorney's Email Address

Attorney's Email Address

Petitioner's Signature

Respondent's Signature

Signature of Counsel for Petitioner

Signature of Counsel for Respondent