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Jefferson County Mediation Services
700 Jefferson County Parkway, Suite 220
Golden, CO 80401
303-271-5060 Phone
303-271-5064 FAX
www.JeffcoMediation.com

MEDIATION REQUEST FORM – DOMESTIC CASES

All cases must meet JCMS requirements in order to receive our services. We will review your request and contact you with the status.

Today's Date: _____ Court Ordered? Yes_____ No_____

Court Case # _____ Next scheduled court date: _____

Judge/Magistrate: _____

Is there a ____ GAL, ____ CASA, or ____ CFI involved in this case? If so, please provide the following

for that person: Name: _____ Phone: _____

Do you have a case with any Jefferson County Agency such as Child Support Enforcement? Yes_____No_____

If yes, Agency: _____ Case # or contact person:_____

Children (First Names and Ages)_____

_____

BRIEF Description of Case (1,600 Characters or less):

Please Provide Parties' Contact Information on Second Page

Click here to e-mail form to jsmediation@jeffco.us

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Please list parties and their counsel, if any:

Please check one ☐ **Petitioner** ☐ **Respondent**

First Name: _____ Last Name: _____

Annual Income/Employment Status (This is required to determine eligibility for free mediation):

_____

Address: _____ City: _____State:_____ Zip: _____

Phone: _____ E-mail address: _____

Attorney (If any):
First Name: _____ Last Name: _____

Firm: _____

Address:_____ City: _____State:_____ Zip: _____

Phone: _____ E-mail Address: _____

Please check one ☐ **Petitioner** ☐ **Respondent**

First Name: _____ Last Name: _____

Annual Income/Employment Status (This is required to determine eligibility for free mediation):

_____

Address: _____ City: _____State:_____ Zip: _____

Phone: _____ E-mail address: _____

Attorney (If any):
First Name: _____ Last Name: _____

Firm: _____

Address:_____ City: _____State:_____ Zip: _____

Phone: _____ E-mail Address: _____

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