



## FRIEND OF THE COURT 15<sup>TH</sup> JUDICIAL CIRCUIT COURT

Branch County Courthouse, 31 Division Street, Coldwater, MI 49036 (517) 279-4314 Fax: (517) 279-5175

P. William O'Grady  
Circuit Court Judge

Lona Julien  
Friend of the Court/Referee

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Case No: \_\_\_\_\_

Other Party: \_\_\_\_\_

### ATTENTION PARTIES:

Mediation is available through the Friend of the Court Office to assist parents in reaching their own agreements regarding custody and/or parenting time issues. During mediation, parents with the aid of a mediator, discuss the issues and develop mutually acceptable agreements that will best serve the family's needs. Disputes that are voluntarily settled between parents are usually the most workable because each parent strives to support and promote the agreements in which he/she has had input. Formal or informal mediation can be requested. As an informal process, information that is gathered will become part of your file and may be used to assist the Court in making decisions about custody and visitation. On the other hand, in formal mediation, communications between the parents and mediator are considered confidential, privileged information and cannot be used by the Court or the Friend of the Court Office. However, if during either formal or informal mediation, the mediator has any reasonable suspicions to believe that child abuse or neglect has occurred, appropriate authorities *must* be notified.

Mediation is a voluntary procedure and free service. For a mediation conference to be scheduled, **both** parents must indicate their consent to the mediation. If you wish to utilize the alternative of mediation in resolving custody and/or parenting time issues, please complete the information below and sign your name.

### **Please respond to this notice within 7-14 days. Thank you.**

*I am willing for formal/informal mediation to be considered as an alternative for resolving custody and/or parenting time issues in my case. I understand that, should the other parent be unwilling to consider mediation, no conference will be held.*

\_\_\_\_\_  
Your full name (please print)

\_\_\_\_\_  
Your address

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Your home & cell phone numbers

\_\_\_\_\_  
Your work phone number and hours you work

**Appointment time preferred (check one):**  *morning* or  *afternoon*