ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.: ATTORNEY FOR: (Name)	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, California 95826	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CLAIMANT:	
PETITION FOR CONFIDENTIAL MEDIATION **Family Code §§ 3160-3186**	FL Case No.:_____ FCS Case No.:_____

1. Provide any of the following applicable case numbers:

   Family Law: _____ Family Support: _____

   Domestic Violence: _____ Other Family Law# _____

2. A Controversy exists between the above named parties concerning (check all that apply and provide brief explanation):

   ☐ Custody ☐ Visitation ☐ Other

   _____

   _____

   _____

   _____

3. Date of last Mediation Report: _____/_____/_____

4. Do you have a current Domestic Violence Restraining Order? ☐ Yes (If yes, attach a copy) ☐ No

5. Any information I have provided above and any attachment to this Petition is furnished in good faith in the hope of settling the controversy. I declare under penalty of perjury that the foregoing information is true and correct.

Dated: _____/_____/_____

_____
SIGNATURE OF DECLARANT

☐ Mediation of the controversy is ordered:

Dated: _____/_____/_____

☐ Mediation of the controversy is denied: (See Attached form)

_____
Judge of the Superior Court of California, County of Sacramento