

Cover Sheet:	Petition for Confidential Mediation
Effective Date:	February 2, 2023
Last Revision Date:	March 5, 2024
Purpose:	These forms are used to request a mediation appointment with a court mediator to discuss parenting time issues with the other parent or caretaker of your child.
	Confidential Mediation is best for parents who are able to communicate with each other and who are close to agreeing on a parenting plan but just need a little help on a few issues. The mediator will not submit recommendations to the court but will write up your agreement and you may set a hearing to seek a court order.
	You may not participate in Confidential Mediation if you and the other party have a current Restraining or Protective Order, or one that expired within the last five years
	Nothing the Mediator hears during Confidential Mediation will be disclosed to anyone. There are legally required exceptions, however: 1) If child abuse or neglect is suspected by the Mediator, a report will be made to Child Protective Services; and, 2) If a threat is made against a specific person during mediation, a law enforcement agency and the person against whom a threat was made will be contacted.
Assistance:	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e- Correspondence account, or visit the Self Help Center in person, Monday through Thursday.
Required Forms:	 All forms are Judicial Council forms, unless otherwise indicated: Petition for Confidential Mediation, local form FL/E-ME-804 Family Law Case Demographics Information Sheet for Child Custody/Visitation, local form FL/E-ME-811
Filing Fee:	None
Copies:	Make three copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.
Before You File:	Serve a copy of the forms on the other party to the case and have the server complete the Proof of Service section of the Petition for Confidential Mediation.
Filing:	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)



a line	Family Law & Probate
	Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays. Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.
Next Steps:	Family Court Services will mail copies of the filed Petition for Confidential Mediation and Notice of Mediation Appointment to each party.

	FL/E-ME-804
ATTORNEY, OR PARTY IF NO ATTORNEY: State Bar No.:	For Court Use Only
Name:	
Address:	
City/State/Zip	
TELEPHONE NO.:	
ATTORNEY FOR: (Name)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY, STATE, AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
CLAIMANT:	
PETITION FOR CONFIDENTIAL MEDIATION	Case No.:
 Do you have a current Restraining or Protective Order against the other payeers? 	arty, or one that expired within the past 5
No Yes (If yes, you are not eligible for Confidential Med	liation)
2. We would like assistance resolving issues related to: (Please check all t	hat apply and provide a brief explanation)
Custody Visitation Other	
I declare under penalty of perjury that the foregoing information is true and cor	rect.
Dated:// Signature of Declarant:	
Type or Print Name:	
PROOF OF SERVICE	
 I am at least 18 years old, am not a party to this case, and I am a reside was completed. 	nt of or employed in the county where service
2. I served a copy of this document by:	
 Enclosing it in a sealed envelope and depositing it with the U.S. Posta The envelope was addressed and mailed as follows: Name of person served: 	_
Address: Place of mailing (<i>city an</i>	d state):
Personally delivering a copy to the person served, as follows: Name of person served:	
Date served: Time served:	
Address:	
I declare under penalty of perjury under the laws of the State of California th	at the information above is true and correct.
Dated:// Signature of Person Doing the Serving:	
Type or Print Name:	
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Family Law Case Demographics Information Sheet for Child Custody/Visitation

Court Case Number: _____

Family Court Services Number: _____

	Petitioner	's Inform	ation	
First Name	Middle II	nitial	Last Name	
Mailing Addres	ss (Include A	pt. or Suite	e #)	
City		Sta	ate Zip Code	
Date of Birth:	Month	Day	Year	_
Home Phone:	()			
Work Phone:	()			
Relationship to	Child/ren: _			

Petitioner's Attorney Information						
First Name	Middle Initial	L	ast Name			
Mailing Addre	ss (Include Suite #)				
City		State	Zip Code			
Work Phone:	()					

]	Responden	t's Infor	mation
First Name	Middle Ir	nitial	Last Name
Mailing Address	s (Include A	pt. or Suit	e #)
City		St	ate Zip Code
Date of Birth:	Month	Day	Year
Home Phone:	()	·	
Work Phone:	()		
Relationship to	Child/ren: _		

Respondent's Attorney Information					
First Name	Middle Initial	L	ast Name		
Mailing Addres	ss (Include Suite #)				
City		State	Zip Code		
Work Phone:	()				

Court Case Number: _____

Family Court Services Number: _____

Clain	nant's (3 rd]	Party's)	Information
First Name	Middle In	nitial	Last Name
Mailing Addres	ss (Include A	pt. or Suit	e #)
City		St	ate Zip Code
Date of Birth:	Month	Day	Year
Home Phone:	()		
Work Phone:	()		
Relationship to	Child/ren: _		

Claimant's Attorney Information						
First Name	Middle Initial	L	ast Name			
Mailing Address	s (Include Suite #)					
City		State	Zip Code			
Work Phone:	()					

List all of the children you had or adopted with the other party in this case:

Full Name	Date of Birth	Age	School	Resides with

Does any party need an interpreter? Yes No

If Yes, for which party? _____ Petitioner _____ Respondent _____ Claimant / 3rd Party

If Yes, please indicate for what language?

I declare under penalty of perjury that the foregoing information is true and correct.

/	/	
DATE		

SIGNATURE OF DECLARANT

TYPE OR PRINT NAME