



## PETITION FOR CONFIDENTIAL MEDIATION INFORMATION

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### General Information

There are two types of mediation – Child Custody Recommending Counseling (CCRC) and Confidential Mediation. **Confidential Mediation** is best for parties who are able to communicate with each other and who are close to agreeing on a visitation plan but just need a little help on a few issues. To have this type of mediation, you must file a Petition for Confidential Mediation (**local form PR-E-LP-025**). There is no charge for filing this Petition.

You may **not** file a Petition for Confidential Mediation if you have a current Restraining or Protective Order, or one that expired within the last five years, against the Guardian(s).

Although you file a Petition for Confidential Mediation with the goal of changing your current visitation plan, if the Guardian does not want to participate in mediation, we will cancel the appointment.

With Confidential Mediation, the Mediator will **not** submit recommendations to the court but will write up your agreement, if one is reached.

If you wish, after you reach an agreement, you may file a Request for Court Ordered Visitation (PR-E-LP-026), asking that the court turn your agreement into an enforceable order.

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### Confidentiality

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.



## PETITION FOR CONFIDENTIAL MEDIATION INSTRUCTIONS

Read the following instructions before completing the “Petition for Confidential Mediation” form.

1. Type or print legibly in blue or black ink only. Please provide all information requested on the form. Date and sign page 2 of the Petition. Incomplete forms will not be filed and will be returned for completion.
2. Have a person who is over the age of 18 and not a party to the case complete the Proof of Service by Mail section of page 2 of the Petition, and mail a copy of the completed Petition to the Guardian(s), the other parent, and their attorneys (if any).
3. Submit the original Petition and 2 photocopies to Family Court Services, 3341 Power Inn Road, Room 104, Sacramento, CA 95826 for filing.
4. Family Court Services will mail a Notice of Confidential Mediation (which will include date, time and place) to the other party(ies) and their attorney(s) (if any).
5. Once scheduled, mediation appointments cannot be rescheduled without the agreement of all parties. All parties must contact Family Court Services office, either by telephone (916-875-2600) or in writing, requesting or agreeing to the rescheduling of the appointment. If you decide you want to cancel the mediation appointment, please contact Family Court Services as soon as possible, and we will notify the Guardian by phone and in writing. If the Guardian decides they do not want to participate in mediation, if they contact Family Court Services, the appointment will be canceled and you will be notified by phone and in writing.

ATTORNEY, OR PARTY IF NO ATTORNEY: _____ State Bar No.: _____ Name: _____ Address: _____ City/State/Zip: _____ TELEPHONE NO.: _____ ATTORNEY FOR: (Name) _____	For Court Use Only
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY, STATE, AND ZIP CODE: Sacramento, CA 95826	
<b>GUARDIANSHIP OF THE</b> <input type="checkbox"/> <b>PERSON</b> <input type="checkbox"/> <b>ESTATE OF:</b> (Name) _____, a Minor(s)	
<b>PETITION FOR CONFIDENTIAL MEDIATION</b>	
Case No.: _____	

1. This request for Confidential Mediation has been made by \_\_\_\_\_, (Petitioner)  
 \_\_\_\_\_ (Relationship to minor(s))

2. Do you have a current Restraining or Protective Order against the Guardian(s), or one that expired within the past 5 years?  
 No     Yes (If yes, you are not eligible for Confidential Mediation)

3. Children at Issue: (attach additional page if needed)

	<u>FULL NAME</u>	<u>DOB</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____

**Children(s) Attorney:** (if applicable)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
 (Print Full Name)

\_\_\_\_\_  
 SIGNATURE OF PETITIONER

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**DEMOGRAPHIC INFORMATION**

**Mother's Information**

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

DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Father's Information**

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

DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Legal Guardian(s) Information**

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

DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Legal Guardian(s) Information**

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

DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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**PROOF OF SERVICE BY MAIL**

1. I am at least 18 years old, am not a party to this case, and I am a resident of or employed in the county where service was completed.
2. I served a copy of this document by enclosing it in a sealed envelope and depositing it with the U.S. Postal Service with the postage fully prepaid. The envelope was addressed and mailed as follows:

Name of person(s) served: \_\_\_\_\_

Address: \_\_\_\_\_

Date mailed: \_\_\_\_\_ Place of mailing (*city and state*): \_\_\_\_\_

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

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Person Doing the Serving: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_