



PETITION FOR CONFIDENTIAL MEDIATION PACKET

General Information

There are two types of mediation – Child Custody Recommending Counseling (CCRC) and Confidential Mediation. **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. To have this type of mediation, you must file a Petition for Confidential Mediation (local form FL/E-ME-804). There is no charge for filing this Petition, it does not require that you also file a Request for Order, and does not prevent you from returning to file for a hearing in the future or participating in Court Connected Recommending Counseling (CCRC).

You may **not** file a petition for Confidential Mediation if you and the other party have a current Restraining or Protective Order, or one that expired within the last five years

Unlike CCRC, with Confidential Mediation the Mediator will **not** submit recommendations to the court but will write up your agreement.

If you wish, after you reach an agreement, you may file a Request for Order, asking that the court turn your agreement into an enforceable order.

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.

Contents of this Packet

- Petition for Confidential Mediation Application Instructions
- Petition for Confidential Mediation form
- Family Law Case Demographics Information Sheet



PETITION FOR CONFIDENTIAL MEDIATION

APPLICATION INSTRUCTIONS

Please 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. **Incomplete forms will be returned** for completion.
2. On the Petition for Confidential Mediation, please provide your or your attorney's name, address, and phone number in the top left box. Include the full name of the Petitioner, Respondent, and Claimant (if any) in the third box. Include your case number in the appropriate box. Complete questions 1 and 2. Be sure to date, sign, and print your name on the completed form.
3. Complete the attached Case Demographic Sheet. Please provide Petitioner's, Respondent's, and Claimant's full name, mailing address, and telephone number in the identified boxes. Use business addresses only when the home address is unavailable. If applicable, provide the name and address of the attorney of record in the appropriate boxes for the Petitioner, Respondent, and Claimant.
4. Before filing the Petition for Confidential Mediation, it must be served on the other party(ies) by another adult (not you or a person who is part of the case, who is 18 years or older), by personal service or by first class mail. On the Petition for Confidential Mediation form, the person who is serving the other party must complete and sign the Proof of Service section in full.
5. When you file, you will need to submit the original and three (3) photocopies of the Petition for Confidential Mediation, and Case Demographics Sheets to Family Court Services, 3341 Power Inn Road, Room 104, Sacramento, CA 95826. Filings may also be placed in the court drop box located on the first (1st) floor.
6. Family Court Services will mail copies of the endorsed Petition for Confidential Mediation and Notice of Mediation Appointment with dates/times to all parties of the action.

Mediation appointments **cannot be re-scheduled or canceled** without the agreement of both parties. Both parties **must** contact Family Court Services, either by telephone or in writing, requesting or agreeing to the re-setting or dropping of the mediation appointment. Appointments are only set on weekdays. There are no evening appointments available.

Family Law Case Demographics Information Sheet for Child Custody/Visitation

Court Case Number: _____

Family Court Services Number: _____

Petitioner's Information			
_____	_____	_____	_____
First Name	Middle Initial	Last Name	

Mailing Address (Include Apt. or Suite #)			

City	_____	State	Zip Code
Date of Birth:	_____	_____	_____
	Month	Day	Year
Home Phone:	()		
Work Phone:	()		
Relationship to Child/ren: _____			

Petitioner's Attorney Information			
_____	_____	_____	_____
First Name	Middle Initial	Last Name	

Mailing Address (Include Suite #)			

City	_____	State	Zip Code
Work Phone:	()		

Respondent's Information			
_____	_____	_____	_____
First Name	Middle Initial	Last Name	

Mailing Address (Include Apt. or Suite #)			

City	_____	State	Zip Code
Date of Birth:	_____	_____	_____
	Month	Day	Year
Home Phone:	()		
Work Phone:	()		
Relationship to Child/ren: _____			

Respondent's Attorney Information			
_____	_____	_____	_____
First Name	Middle Initial	Last Name	

Mailing Address (Include Suite #)			

City	_____	State	Zip Code
Work Phone:	()		

Court Case Number: _____

Family Court Services Number: _____

Claimant's (3 rd Party's) Information			
First Name	Middle Initial	Last Name	
Mailing Address (Include Apt. or Suite #)			
City	State	Zip Code	
Date of Birth:	Month	Day	Year
Home Phone: ()			
Work Phone: ()			
Relationship to Child/ren: _____			

Claimant's Attorney Information			
First Name	Middle Initial	Last Name	
Mailing Address (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

ATTORNEY, OR PARTY IF NO ATTORNEY: _____ State Bar No.: _____ Name: _____ Address: _____ City/State/Zip _____ 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, STATE, AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ CLAIMANT: _____	
PETITION FOR CONFIDENTIAL MEDIATION	Case No.: _____

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

2. We would like assistance resolving issues related to: (Please check all that apply and provide a brief explanation)
 Custody Visitation Other _____

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

Dated: ____/____/____ Signature of Declarant: _____
 Type or Print Name: _____

PROOF OF SERVICE

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 served: _____
 Address: _____
 Date mailed: _____ Place of mailing (*city and 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 that the information above is true and correct.

Dated: ____/____/____ Signature of Person Doing the Serving: _____
 Type or Print Name: _____