

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF DESCHUTES

\_\_\_\_\_, )  
Petitioner, )  
 )  
 )  
and ) Case No. \_\_\_\_\_  
 )  
 ) **REQUEST FOR MEDIATION**  
 ) **AND ORDER**  
 ) **(FAMILY LAW CASE)**  
\_\_\_\_\_, )  
Respondent. )  
( ) Co-Petitioner )

I, \_\_\_\_\_, am the (mother) (father) of the child(ren) in this matter. We do not agree on custody and/or parenting time and I am therefore requesting that the Court send us to a mediator. I will take responsibility to see that the other parent receives a copy of this request as indicated in the "Notice" section below.

A restraining order is currently pending       I have concerns regarding my personal safety

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)

**TO BOTH PARENTS:** You must promptly contact the Deschutes County Mental Health Department Mediation Program, (541) 385-1719 at the Rosie Bareis Community Center, 1010 N.W. 14<sup>th</sup> Street, Bend, OR 97701 to schedule a Mediation Orientation appointment. Inform the Mediation Program staff about any Restraining Order and/or any personal safety concerns you may have. You must contact the Mediation Program within (7) days of the date this form was mailed or given to the other parent.

Request is denied

**IT IS SO ORDERED:** \_\_\_\_\_ Date: \_\_\_\_\_  
Circuit Court Judge

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Notice to parents making this request: The Court requires you to give notice to the other parent.

I certify that I gave or mailed a copy of this Request to the other parent or the parent's attorney on \_\_\_\_\_ (date).

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the Court. Check all boxes and complete all blanks that apply:

I selected this document for myself and I completed it without paid assistance.  
 I paid or will pay money to \_\_\_\_\_ for assistance in preparing this form.

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

**Submitted by:**

Petitioner    Respondent,      Print Name      Address or Contact Address

\_\_\_\_\_  
Telephone or Contact Telephone      City, State, Zip