

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

IN THE MATTER OF)
 THE MARRIAGE OF)
 SEPARATION OF)
 CUSTODY PROCEEDING)
 OTHER)
_____)
PETITIONER,)
AND)
_____)
RESPONDENT,)

Case No. _____

**MOTION AND AFFIDAVIT
FOR ORDER TO**
INITIATE MEDIATION
WAIVE MEDIATION
WAIVE CO-PARENTING CLASS

Motion

I, _____, request that the court issue an Order to Initiate Mediation, Order to Waive Mediation, Order to Waive Co-Parenting Class.

Affidavit in Support of Motion

STATE OF OREGON)
County of Linn) ss.

I, Petitioner Respondent, being first duly sworn, say that the following is true:
Custody and Parenting time issues are are not in dispute.
Other _____

Dated: _____, 20____.

Petitioner, Signature

Print Name

Address or Contact Address

City, State, Zip

Telephone or Contact Telephone

SIGNED AND SWORN to before me this _____ day of _____, 20____,

by _____.

Notary Public for _____/Court Clerk
My Commission Expires: _____

ORDER REFERRING CASE TO MEDIATION

COME NOW THE COURT, upon consideration of Local Trial Court, Chapter 8, and finds that the above matter has been filed in Linn County Circuit Court, and that the matter involves a potential controversy over custody or parenting time of minor children and is therefore subject to mediation.

Based upon the Motion and Affidavit of the Petitioner Respondent on file herein, the request for and an Order to Initiate Mediation, Order to Waive Mediation, Order to Waive Co-Parenting Class is hereby:

Allowed

Denied

DATED this ____ day of _____, 20____.

Circuit Court Judge

Print Name

You are required to truthfully complete this certificate regarding the documents you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected these documents for myself, and I completed them without paid assistance.
- I paid or will pay money to _____ for assistance in preparing this document.

Dated: _____, 20____.

Submitted by:

Signature Print Name

Address or Contact Address City, State, Zip Telephone or Contact Telephone

I certify that this is a true copy:

Petitioner, Signature

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 OTHER)
_____)
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_____)
RESPONDENT.)

Case No. _____

CERTIFICATE OF MAILING

I certify that on _____, 20_____, I mailed a true copy of: _____
_____ previously filed in this case:

(List documents)

to the other party directly, at the following address, because s/he has no attorney:

to the other party's attorney _____ at the following
(Name of other party's attorney)

address: _____

Mailing was done by first class mail and by certified or registered mail, return receipt requested, or express mail.

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 form myself, and I completed it without paid assistance.

I paid or will pay money to _____ for assistance in preparing this form.

Dated: _____, 20_____.

Petitioner, Signature Print Name

Address or Contact Address City, State, Zip Telephone or Contact Telephone