

CALUMET COUNTY
DEPARTMENT OF HUMAN SERVICES

Courthouse
206 Court Street
Chilton, WI 53014-1198
(414) 849-1400
(414) 849-9317 Crisis Line
(414) 832-4646 Crisis Line

From Appleton 989-2700
From Brillion 756-2637
From Kiel 898-4365
Fax 849-1431

REQUEST FOR MEDIATION SERVICES

If you are experiencing difficulties with physical placement (visitation) of your minor child(ren), Wisconsin Statutes provide that you first attempt to mediate your differences prior to formal Court action.

The purpose of mediation is to allow parents input into developing a solution to their placement issues and avoid the emotional and financial burdens Court actions may entail. The focus of mediation is to reach an agreement, or plan, which will be in the best interest of your child(ren). If you are unable to reach agreement or fail to abide by the schedules established in mediation, you may then be advised to file a motion with the Court for judicial determination of your disputed issues.

The form necessary to initiate the mediation process is attached. Please read through this form carefully and completely before you proceed. All appointments, payments, and questions concerned with mediation are handled by the Calumet County Department of Human Services, 206 Court Street, Chilton, WI 53014.

FEES: The fee for mediation in Calumet County is \$200 which covers all mediation sessions and all written agreements provided to the court on your behalf. One-half of the fee (\$100) must be paid to the Department of Human Services before an appointment for mediation can be set. Payments can be delivered or mailed to the department along with your completed "Request for Mediation Services" form. If you feel your financial condition prohibits you from paying this fee you may elect to meet with a Human Service's billing clerk to determine your ability to pay.

Wisconsin Statutes provide that the first session of mediation is to be provided at no cost to the parties, therefore, your pre-paid fees will be refundable if you are able to resolve your issues in the first session.

If you desire to pursue mediation services you must do the following:

1. Complete the attached "Request for Mediation Services" form.
2. Pay your mediation fee at the Department of Human Services. Please make check, or money orders, payable to Calumet County Department of Human Services. Obtain a written receipt for payment.

3. Return completed "Request for Mediation Services" form to the Department of Human Services.
4. The Department of Human Services will send your request for mediation services to the Family Court Commissioner for proper processing.
5. Upon receipt of the proper court orders, the Department of Human Services will then schedule your first mediation appointment and will notify you by mail as to the exact date and time of your appointment.

REQUEST FOR MEDIATION SERVICES IN CALUMET COUNTY

(Please complete this form as thoroughly as possible to avoid delays in processing.)

Date of divorce _____ IF DIVORCE IS PENDING:
Date of Separation _____
File Number _____ Date of Div. Hearing _____
Petitioner Respondent

NAME: _____

ADDRESS: _____

HOME PHONE: _____

SOCIAL SECURITY #: _____

BIRTH DATE: _____

MARITAL STATUS: _____

EMPLOYER: _____

WORKING HOURS: _____

WORK TELEPHONE: _____

ATTORNEY: _____

ADDRESS: _____

PHONE: _____

CHILDREN	Name	D.O.B	School/Grade
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I was referred by: _____

YES

NO

Is there currently pending in Family Court an action for custody, physical placement, or visitation issues concerning the children?

Is there currently a restraining order prohibiting contact with the other parent?

Was Alcohol or drug abuse a significant factor within the relations? Please explain:

Was physical abuse a significant factor within the relationship? Please explain:

The minor child/ren are currently in the legal custody of:

What is the current court ordered visitation or access to the child/ren?

Please explain the problem:

Please describe what you feel might be a solution to the problem:

I certify that the above information provided is true to the best of my knowledge.

Signature

Date

wp:medcov