

REQUEST FOR DEPENDENCY MEDIATION

As party to a dependency case, you may request dependency mediation to help resolve issues related to your case. All dependency mediations must be ordered by the court. In order to assist in the preparation of a proper court order to mediation, please complete the following:

CASE NUMBER: _____
COUNTY: LEON _____

DATE: _____ (Note: All parties must agree to Date)
TIME: _____ (Note: All parties must agree to Time)
LOCATION: Please provide justification if secondary location (main courthouse) is requested

Parties Ordered to Attend:

DCF Attorney _____
Email/Contact Info _____
DCF Case Worker _____
Email/Contact Info _____

GAL Program Attorney _____
Email/Contact Info _____
GAL Program Case Worker _____
Email/Contact Info _____
Assigned GAL _____
Email/Contact Info _____

Mother _____
Email/Contact Info _____
Mother's Counsel _____
Email/Contact Info _____

Father _____
Email/Contact Info _____
Father's Counsel _____
Email/Contact Info _____

Attorney Ad Litem _____
Email/Contact Info _____
Child Represented _____

Other Approved Participants _____
Email/Contact Info _____
Other Approved Participants _____
Email/Contact Info _____
Other Approved Participants _____
Email/Contact Info _____

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Parties Prohibited from Attending Mediation:

Name

Special Requests:

REQUESTS FOR MEDIATION must be submitted to the 2nd Judicial Circuit Alternative Dispute Resolution Program at least TWO BUSINESS (2) days prior to the agreed upon date for the dependency mediation. Please submit your request to:

Mediations@leoncountyfl.gov

And attach this request form to your email transmission.

If you have any questions or concerns, please contact:

2nd Judicial Circuit Alternative Dispute Resolution Program
Jennifer Dyer Hodges, Director
301 S. Monroe Street, Room 248
Tallahassee, FL 32301
850-577-4433