

STATE OF MICHIGAN 45TH JUDICIAL CIRCUIT ST. JOSEPH COUNTY	REQUEST FOR INFORMAL MEDIATION	DOCKET NUMBER
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Court address  
P.O. BOX 249, CENTREVILLE MI 49032

Email: FIA-FOC75@michigan.gov

Court telephone no.  
(269)467-5570

Website: www.stjosephcountymi.org/cfriend.htm

PLAINTIFF NAME, ADDRESS, & TELEPHONE NUMBER

DEFENDANT NAME, ADDRESS, & TELEPHONE NUMBER

I, \_\_\_\_\_, request to use the mediation process for the following issue:

Custody     Parenting Time     Other: \_\_\_\_\_

and for the following reason: (list brief explanation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further, I believe that the best possible solution to the problem is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*\*\*\*\*

### NOTICE OF MEDIATION

You have been scheduled to attend mediation on \_\_\_\_\_ at \_\_\_\_\_,  
at the Office of the Friend of the Court, 125 W. Main St, Centreville, Michigan. If you are unable to attend the  
meeting, contact the Friend of the Court, at (269)467-5570. **Please note that the two of you are the only people that  
may participate in the mediation.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker