



**MANITOWOC COUNTY CIRCUIT COURT**  
**FAMILY COURT COMMISSIONER**  
1010 SOUTH EIGHTH STREET, ROOM 309  
MANITOWOC, WISCONSIN 54220

**C. Luke LeFevre**  
*Family Court Commissioner*  
*Circuit Court Commissioner*

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*Court Reporter*

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TELEPHONE: 920-683-4493 • FAX: 920-683-4311

## REQUEST FOR COURT ORDERED MEDIATION SERVICES

If you are experiencing difficulties with custody or physical placement (visitation) with your minor child(ren), Wisconsin law provides that you first attempt to mediate your differences prior to the Court hearing your dispute.

**However, mediation will not be ordered if the mediation session will cause undue hardship or would endanger the health or safety of one of the parties for the following reasons:**

- 1. That a party engaged in abuse of the child.**
- 2. Interspousal battery or domestic abuse.**
- 3. That either party has a significant problem with alcohol or drug abuse.**
- 4. Any other evidence indicating that a party's health or safety will be endangered by attending the session.**

The purpose of mediation is to help parents learn how to develop their own solutions to their placement issues. The focus of mediation is to reach an agreement, or plan, which will be in the best interests of your child(ren). If you are unable to reach an 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. Mediation services are administered by the Manitowoc county Office of Family Court Commissioner.

**FEES:** There is a fee for the first mediation session of \$50.00 to each party. If either party fails to appear, a \$100.00 fee will be assessed to that party. If both fail to appear, each party will be assessed a fee of \$50.00. The county will be responsible for the second hour of mediation. Any time you spend with the mediator after two hours will be billed to you directly by the mediator at \$100.00 per hour.

**If you want to request mediation services, you must do the following:**

- 1) Complete the attached "Request for Mediation Services (Form FA-4134V) AND the Attachment to Request for Mediation Services" form.**
- 2) Mail the completed form to the Office of Family Court Commissioner, Room 309 at the Manitowoc County Courthouse.**
- 3) You will be notified by mail who your mediator is and the time and date of your appointment.**

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT, MANITOWOC _____ COUNTY</b>
Check marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> PATERNITY OF _____ <b>Petitioner/Joint Petitioner A</b>
Enter the name of the Petitioner/Joint Petitioner A.	Name (First, Middle and Last) _____
Enter the name of the Respondent/ Joint Petitioner B.	and <b>Respondent/Joint Petitioner B</b>
Enter the case number.	Name (First, Middle and Last) _____

**Request for  
Court Ordered Mediation**  
Case No. \_\_\_\_\_

**Party requesting mediation:**

Enter your name, address, and phone numbers.	Name _____
	Address _____
	Address _____
	City _____ State _____ Zip _____
	Phone [Day] _____ [Evening] _____
	Relationship to child(ren) <input type="checkbox"/> Parent
	<input type="checkbox"/> Other person with court ordered placement: _____

Describe the problems you are experiencing with the current physical placement or legal custody order. Add additional pages if necessary.	I request court ordered mediation to help resolve the following problems with legal custody and/or physical placement: _____ _____
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Enter the other party(ies) name, address, and phone numbers.	<b>Other Party(ies):</b> Name _____
	Address _____
	Address _____
	City _____ State _____ Zip _____
	Phone [Day] _____ [Evening] _____
	For additional parties, <input type="checkbox"/> See attached.

Check box if applicable.	There <input type="checkbox"/> is <input type="checkbox"/> is not a concern for personal safety.
	There <input type="checkbox"/> is <input type="checkbox"/> is not a pending criminal case involving the parties.

Check box if no other contact order exists or is on does exist, enter the county or state and type of case.	<input type="checkbox"/> Another no contact order between the petitioner and the respondent
	<input type="checkbox"/> does not exist or the petitioner does not know or is uncertain as to whether another no contact order exists.
	<input type="checkbox"/> does exist.
	County or State: [If not Wisconsin] _____
	Type of Case: _____

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

**UNDERSTANDINGS**

- I understand that mediation is not a court hearing.
- I understand that I may need to file a motion before further court proceedings will be scheduled if we are not able to settle our disagreements in mediation.
- **I understand I must send a copy of this request to the other party(ies).**

Sign and print your name.  
Enter the date on which you signed your name.  
**Note:** This signature does not need to be notarized.

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_

Print or Type Name

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address Telephone Number

\_\_\_\_\_

Date State Bar No. (if any)

# ATTACHMENT TO REQUEST FOR MEDIATION SERVICES

(Complete this form thoroughly to avoid delays in processing)

Date of Divorce/Paternity \_\_\_\_\_  
Court Case Number \_\_\_\_\_

If Divorce/Paternity pending: \_\_\_\_\_  
Date of Separation: \_\_\_\_\_

Father

Mother

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

\_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

\_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

\_\_\_\_\_

WORKING HOURS: \_\_\_\_\_

\_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

Can we call you at work? \_\_\_\_\_

\_\_\_\_\_

When would be the best time for you to meet with the mediator: \_\_\_\_\_

(Note choosing a late afternoon or evening will delay the session date)

Were you ever in mediation before? \_\_\_\_\_ if so, where \_\_\_\_\_  
when \_\_\_\_\_

Were you ever in marriage counseling? \_\_\_\_\_ if so, where \_\_\_\_\_  
when \_\_\_\_\_

Did you attend the Parenting Program? \_\_\_\_\_ if so, where \_\_\_\_\_  
when \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

Is there a Guardian ad Litem appointed? \_\_\_\_\_ if so, who \_\_\_\_\_

Name

Birth date

School Grade

CHILDREN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

YES

NO

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Was alcohol or drug abuse a significant factor within the relations? If so, please explain on back of this sheet.

\_\_\_\_\_

\_\_\_\_\_

Has either party engaged in interspousal battery or domestic abuse (as described on the following page)? If so, please explain on the back of this sheet.

\_\_\_\_\_

\_\_\_\_\_

Has sexual or physical abuse of the children ever been reported? If so, please explain on back of this sheet.

\_\_\_\_\_

\_\_\_\_\_

Who do the minor children currently reside with? \_\_\_\_\_

What is the current order custody and placement? \_\_\_\_\_

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

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

**DEFINITIONS:**

**Interspousal battery §940.19 or 940.20(1m):**

940.19 Battery; substantial battery; aggravated battery. (1) Whoever causes bodily harm to another by an act done with intent to cause bodily harm to that person or another without the consent of the person so harmed...

940.20(1m) Battery by persons subject to certain injunctions. (a) Any person who is subject to an injunction under s.813.12 or a tribal injunction filed under s. 806.247(3) and who intentionally causes bodily harm to the petitioner who sought the injunction by an act done without the consent of the petitioner is guilty of a Class I felony.

(b) Any person who is subject to an injunction under s.813.125 and who intentionally causes bodily harm to the petitioner who sought the injunction by an act done without the consent of the petitioner is guilty of a Class I felony.

**Domestic abuse §813.12(1)(am):** “Domestic abuse” means any of the following engaged in by an adult family member or adult household member against another adult family member or adult household member, by an adult caregiver against an adult who is under the caregiver’s care, by an adult against his or her adult former spouse, by an adult against an adult with whom the individual has or had a dating relationship, or by an adult against an adult with whom the person has a child in common:

1. Intentional infliction of physical pain, physical injury or illness.
2. Intentional impairment of physical condition
3. A violation of s. 940.225(1), (2), or (3). (First, Second or Third Degree Sexual Assault)
5. A violation of s. 943.01, involving property that belongs to the individual (Intentional damage to physical property of another).
6. A threat to engage in the conduct under subd. 1., 2., 3., or 5.