

**REQUEST FOR MEDIATION**

Instructions: To avoid delay in processing your request, please complete the form neatly, accurately, and completely. The form should be delivered or mailed to:

Family Court Commissioner  
510 Main Street  
P.O. Box 146  
Kewaunee, WI 54216

Kewaunee County Case No.: \_\_\_\_\_

Referred by: (check one) Self \_\_\_\_ Court \_\_\_\_ Other \_\_\_\_

Is there currently pending in court an action for custody or physical placement (visitation) concerning the child(ren)?

Yes \_\_\_\_ No \_\_\_\_

Has either parent engaged in interspousal battery [§940.19 or §940.20(1m)] or domestic abuse [§813.12(1)(am)]?

Mother: Yes \_\_\_\_ No \_\_\_\_

Father: Yes \_\_\_\_ No \_\_\_\_

Has either parent completed an educational program on the effects of divorce on children and providing training in parenting or co-parenting skills?

Mother: Yes \_\_\_\_ No \_\_\_\_

Father: Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Requesting Parent

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Present Attorney

\_\_\_\_\_  
City, State, ZIP Code

Cell Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

\_\_\_\_\_  
Other Parent

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Present Attorney

\_\_\_\_\_  
City, State, ZIP Code

Cell Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Minor Child(ren)

Date of Birth

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

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

**PLEASE SEE REVERSE SIDE TO COMPLETE FORM.**

