

1 Code: 2095

2 Name: \_\_\_\_\_

3 Address: \_\_\_\_\_

4 Telephone: \_\_\_\_\_

5 Email: \_\_\_\_\_

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHOE

10 \_\_\_\_\_,  
11 Plaintiff / Petitioner / Joint Petitioner, Case No. \_\_\_\_\_

12 vs. Dept. No. \_\_\_\_\_

13 \_\_\_\_\_,  
14 Defendant / Respondent / Joint Petitioner.

15 REQUEST FOR MEDIATION

16 **Minor Child(ren)**

17 Print the name(s) of the minor child(ren) below.

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21  
22 A. Child 1: \_\_\_\_\_ (First and Last Name) \_\_\_\_\_ (Date of Birth)

23 Child 2: \_\_\_\_\_ (First and Last Name) \_\_\_\_\_ (Date of Birth)

24 Child 3: \_\_\_\_\_ (First and Last Name) \_\_\_\_\_ (Date of Birth)

25  
26 If more room is needed, attach additional sheets.

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**Reason(s) for Mediation**  
Check all of the boxes that apply.

**B.** I request that mediation be ordered for the purpose of the parents attempting to work together to resolve the following issue(s):

- Custody / Visitation       Holiday Schedule       Vacation Schedule
- School Enrollment       Relocation       Extra-Curricular Activities
- Other: \_\_\_\_\_  
\_\_\_\_\_

**Reason(s) for Mediation, Continued**  
In detail, tell the Court why you believe your request for mediation should be granted.

**C.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more room is needed, attach additional sheets.

**Additional Information**

Select "Yes" **OR** "NO" by checking one box next to each statement.

D.  Yes  No I have completed an updated financial declaration that I will file with this Request for Mediation.

Yes  No I understand that there is a fee to use the Court mediation program.  
(Fees range from \$0 to \$300.00, per person, based upon income).

Yes  No The Court previously ordered that we are to attend mediation prior to filing a Motion. If yes, date of the Order / Decree: \_\_\_\_\_.

Yes  No I request to appear at mediation by telephone, because of the following circumstances: \_\_\_\_\_  
\_\_\_\_\_.

This document does not contain the personal information of any person as defined by NRS 603A.040.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**When to File:** If you do not file an opposition/response to this request with the Court within fourteen (14) days, beginning the day after service upon you, the person who filed this request may submit it to the Court for decision. **Please note: parties who are served by U.S. Mail have three (3) additional days, a total of seventeen (17) days, to file an opposition/response.**