

INSTRUCTIONS FOR COURT ORDERED MEDIATION

- 1) Fill out all three (3) pages.
- 2) Have notarized.
- 3) Take or mail to the Family Court Commissioner for his/her signature.

Outagamie County Government Center
Attn: Family Court Commissioner
320 S. Walnut St.
Appleton, WI 54911

NOTE: If you live out of the area, mail the original and three copies to the Family Court Commissioner at the address above; along with a self-addressed, stamped envelope for them to return two of the copies to you (your copy and the other parent's copy for you to send them.) They will take care of filing the original at the Clerk of Courts and mailing us a copy.

Include your check or money order in the amount of \$250.00, payable to the Clerk of Courts.

- 4) Distribute as follows:

1 Copy – Family Court Services.

1 Copy – The other parent.

Certified mail is recommended (but not required) so you have a record that they received it.

1 Copy – For your records.

CIRCUIT COURT
STATE OF WISCONSIN FAMILY COURT BRANCH OUTAGAMIE COUNTY

IN RE THE MARRIAGE/PATERNITY OF:

(Name &
Address)

Petitioner,

POST-JUDGMENT ORDER
FOR MEDIATION

and

Case No. _____

(Name &
Address)

Respondent/Jt. Petitioner.

WHEREAS, an affidavit has been filed with the Family Court Commissioner by the
Petitioner/Respondent/Joint Petitioner in the above-entitled case, and;

WHEREAS, the affidavit alleges problems with respect to the Custody/Physical
Placement of the minor child(ren) of the parties, and;

WHEREAS, the resolution of these issues is in the best interests of the minor
child(ren) of the parties, and;

WHEREAS, one of the parties has petitioned the Family Court Commissioner for an
Order requiring the parties to mediate the issues of Custody/Physical Placement pursuant to
Sec. 767.11(5).

NOW THEREFORE, it is Ordered that both parties meet with the Family Court
Mediators to participate in mediation. If the mediation is terminated prior to resolution of the
issues, either party may move the Family Court Commissioner for an immediate hearing.

The party requesting mediation shall be responsible for payment of the mediation fee
of \$250.00. Said fee shall be paid to the Clerk of Courts for Outagamie County or waived by
the Family Court Commissioner within 60 days of the date of this Order.

This Order shall become null and void 60 days after the date it is signed unless the
mediation fee has been paid in full, or waived, and a copy of this Order has been served
upon the other parent/party to the action.

Dated and signed at Appleton, Wisconsin, this _____ day of
_____, 20____.

BY THE COURT:

Family Court Commissioner

CIRCUIT COURT
STATE OF WISCONSIN FAMILY COURT BRANCH OUTAGAMIE COUNTY

IN RE THE MARRIAGE/PATERNITY OF:

_____,
Petitioner, AFFIDAVIT REQUESTING ORDER
and FOR POST-JUDGMENT MEDIATION
Case No. _____

_____,
Respondent/Jt. Petitioner.

Under Oath, I swear or affirm that:

1. I am the Petitioner/Respondent/Joint Petitioner in the above-captioned case.
2. A Judgment of Divorce/Paternity was granted on _____.
(date)
3. I have ____ minor children who were subject to the Court's jurisdiction in the above-entitled case, namely:

_____, D.O.B. _____
_____, D.O.B. _____
_____, D.O.B. _____
_____, D.O.B. _____

4. The final Judgment/most recent Order of the Court dated _____
gives legal custody to _____. Periods of Physical Placement
are designated:

5. I am requesting mediation on the following issues:

6. I am requesting mediation because:

7. I believe the other parent will not voluntarily participate in mediation because:

8. I agree to pay the \$250.00 mediation fee (OR) I have had the mediation fee waived.

9. To the best of my knowledge all of the above information is true and correct.

(Date)

(Signature)

Subscribed and sworn to
before me this _____ day
of _____, 20_____.

Notary Public/Clerk of Circuit Court
State of Wisconsin
My Commission Expires _____