

FORM 50 - OSCEOLA COUNTY
INFORMATION FOR SCHEDULING MEDIATION PRIOR TO SETTING TRIAL

(This form will expire in 30 days at which time it will be discarded. After that date you will need to refile.)

Date: _____ Case No: _____ Div. No.: _____

TYPE OF CASE: Divorce _____ Paternity _____ Modification _____ Temporary _____

Other (specify) _____ Is either party certified as indigent? _____ If so, who? _____

Have the parties coordinated a date and time for the mediation conference? If so, please complete the following:
Date of Mediation: _____ Time: _____ Mediator(if applicable): _____

PETITIONER: _____
(Please circle) Mr. Mrs. Ms.

RESPONDENT: _____
(Please circle) Mr. Mrs. Ms.

YOUR **ANNUAL GROSS** INCOME: \$ _____ YOUR **ANNUAL GROSS** INCOME: \$ _____

Important Message to Self-Represented (Pro se) Litigants: If you fear that disclosing your address would put you in danger, write "Confidential" on the address section of this form. You must complete a Request for Confidential Filing of Address Form, Florida Supreme Court Approved Family Law Form 12.980(h), and file it with the Office of the Clerk of the Circuit Court in Osceola County.

ADDRESS: (Attorney's Address if you have an Attorney)

ADDRESS: (Attorney's Address if you have an Attorney)

DAYTIME TELEPHONE # _____

DAYTIME TELEPHONE # _____

FAX NUMBER _____

FAX NUMBER _____

E-MAIL: _____

E-MAIL: _____

ATTORNEY: _____

ATTORNEY: _____

G.A.L. (IF ANY): _____

GAL TELEPHONE NO: _____

GAL ADDRESS: _____

Please check the issues included in the Petition which are appropriate for mediation:

Parental responsibility _____; Time-sharing _____; Child support _____;
Exclusive possession of home _____; Equitable distribution(assets/debts) _____; Attorney fees _____;
Alimony/spousal support _____; Other matters: _____.

Has either party ever received public assistance? ___ Receiving it now? ___ Type: _____

Have you ever been involved with any other family case (DIFFERENT CASE #) with this party? _____

If so, what is the case number? _____ State or County of Origin: _____

The mediation must be conducted within 30-45 days unless extended by both parties. **In order to obtain a date and time for a mediation conference, you may call the mediation office at (407)742-2451 (preferably with the other side conferenced in, if possible) or you may complete the Form 50 and e-mail it to osceolamediation@ocnjcc.org or you may fax the Form 50 to (407) 835 - 5261.**

ACKNOWLEDGEMENT: By signing this form I am declaring that to the best of my knowledge there is no violence, threat of violence or substance abuse which would impede the mediation process. I further understand that the Mediation Fee is determined by the combined annual gross income of the parties (before deductions).

PERSON SUBMITTING FORM 50: _____
PRINT NAME SIGNATURE