## FORM 50—ORANGE COUNTY INFORMATION FOR SCHEDULING MEDIATION PRIOR TO TRIAL SETTING

Date: Case No:	Div.:
<b>TYPE OF CASE:</b> □ Divorce □ Paternity □ Modification	ation   Temporary  Other (specify):
If applicable: Coordinated Mediation: Date:	Time: Mediator:
PETITIONER:  (Please circle) Mr. Mrs. Ms.	RESPONDENT:  (Please circle) Mr. Mrs. Ms.
ANNUAL GROSS INCOME: CERITIFED AS INDIGENT: Yes □ No □	ANNUAL GROSS INCOME: CERITIFED AS INDIGENT: Yes □ No □
ATTORNEY (if you are represented):  ADDRESS (Attorney's address if you are represented):	ADDRESS (Attorney's address if you are represented):
TELEPHONE #: E-MAIL:	TELEPHONE #: E-MAIL:
G.A.L. (if any): Address:	Telephone #
	ues that are included in the cation to be mediated:
<ul><li>□ Parental Responsibility □ Time Sharing</li><li>□ Equitable Distribution (assets/debts)</li><li>□ Other:</li></ul>	<ul><li>☐ Child Support</li><li>☐ Exclusive Possession of Home</li><li>☐ Attorney fees</li><li>☐ Alimony/Spousal Support</li></ul>
	with this party? Yes or No Case Number: bunty case, list case number:
The mediation should generally be conducted within You may call the mediation office at: <b>(407) 836-2004</b> You may also check the website for available dates	
You can submit this Form 50 by:	at https://www.hintholicult.org/mediation/wedsAvaii.htm
(1) Email: OrangecountyDRS@ocnjcc.org (2) Fax: (407) 836-2367	
(2) Mail it in to: Dispute Resolution Services, 425 N.	Orange Avenue, Room 130 Orlando, FL 32802
Person submitting the Form 50:	
Print Name	Signature

Copies to: \_\_\_\_Petitioner (or Attorney) \_\_\_\_ Respondent (or Attorney) \_\_\_\_ Domestic Clerk \_\_\_\_ GAL Rev Form 50 (9/24)