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

TYPE OF CASE: Divorce Paternity Modification Temporary Other (specify):	Date:	Case No:	Div.:
PETITIONER:	TYPE OF CASE: □ Divorce	☐ Paternity ☐ Modif	fication Temporary Other (specify):
(Please circle) Mr. Mrs. Mrs. Mrs. (Please circle) Mr. Mrs. Mrs. Mrs. Mrs. Mrs. ANNUAL GROSS INCOME: CERTIFED AS INDIGENT: Yes No ATTORNEY (if you are represented): ATTORNEY (if you are represented): ADDRESS (Attorney's address if you are represented): ADDRESS (Attorney's address if you are represented): ADDRESS (Attorney's address if you are represented): ADDRESS (Attorney's address if you are represented): TELEPHONE #:	If applicable: Coordinated	Mediation: Date:	Time: Mediator:
ANNUAL GROSS INCOME: CERTIFED AS INDIGENT: Yes No ATTORNEY (if you are represented): ADDRESS (Attorney's address if you are represented): TELEPHONE #: E-MAIL: F-MAIL: F-MAIL: Parental Responsibility Time Sharing Child Support Exclusive Possession of Home Equitable Distribution (assets/debts) Attorneys fees Alimony/Spousal Support Other: Have you ever been involved with any other family case with this party? Yes or No Case Number: State or County Origin: If Osceola County case, list case number: The mediation should generally be conducted within 30-45 days unless extended by agreement of parties. You may call the mediation office at: (407) 742-2451 to obtain a date and time for mediation. You may also check the website for available dates at https://ninthcircuit.org/mediation/OscMedsAvail.htm You can submit this Form 50 by: (1) Email: osceolamediation@ocnjcc.org (2) Mail it in to: Dispute Resolution Services, 2 Courthouse Square, Suite 1400, Kissimmee, FL, 34741	PETITIONER:		RESPONDENT:
CERITIFED AS INDIGENT: Yes No CERITIFED AS INDIGENT: Yes No ATTORNEY (if you are represented): ATTORNEY (if you are represented): ADDRESS (Attorney's address if you are represented): ADDRESS (Attorney's address if you are represented): TELEPHONE #: TELEPHONE #: Telephone #: E-MAIL: Telephone # Telephone * Telephone # Telephone # Telephone # Telephone * Telephone # Telephone * Telephone * Telephone * Telephone * Telephone	(Please circle) Mr.	Mrs. Ms.	(Please circle) Mr. Mrs. Ms.
ATTORNEY (if you are represented): ADDRESS (Attorney's address if you are represented): ADDRESS (Attorney's address if you are represented): ADDRESS (Attorney's address if you are represented): TELEPHONE #: E-MAIL: TELEPHONE #: F-MAIL: Telephone # Please check the issues that are included in the Petition/Modification to be mediated: Parental Responsibility Time Sharing	ANNUAL GROSS INCOME:		ANNUAL GROSS INCOME:
ADDRESS (Attorney's address if you are represented): Color	CERITIFED AS INDIGENT: Yes	□ No □	CERITIFED AS INDIGENT: Yes □ No □
ADDRESS (Attorney's address if you are represented): Color			
TELEPHONE #:			
TELEPHONE #: TELEPHONE #: Telephone # Telephone	ADDRESS (Attorney's address if	you are represented):	ADDRESS (Attorney's address if you are represented):
TELEPHONE #:			
E-MAIL:	TELEPHONE #:		
Please check the issues that are included in the Petition/Modification to be mediated: Parental Responsibility Time Sharing Child Support Exclusive Possession of Home Equitable Distribution (assets/debts) Attorneys fees Alimony/Spousal Support Other:			
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Print Name Signature	You may call the mediation. You may also check the work You can submit this Form. (1) Email: osceolamediation (2) Mail it in to: Dispute Reference.	n office at: (407) 742-24 ebsite for available date 50 by: on@ocnjcc.org esolution Services, 2 Cod	IS1 to obtain a date and time for mediation. Is at https://ninthcircuit.org/mediation/OscMedsAvail.htm.
		Print Name	Signature

Copies to: ___ Petitioner (or Attorney) ___ Respondent (or Attorney) ___ Domestic Clerk ___ GAL

Rev Form 50 (07/21)