

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS) TELEPHONE NO.: _____ FAX NO. (Optional) _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i> CASE NUMBER: _____
Amador Superior Court 500 Argonaut Lane Jackson, CA 95642 www.amadorcourt.org	
IN THE MATTER OF: 	
REQUEST FOR REFERRAL TO JUVENILE COURT MEDIATION	

1. Childs/s name(s): _____

2. The child is the subject of a petition that has been filed in this court under Welfare and Institutions Code section 300.

3. Petitioner will be requesting the court terminate jurisdiction of the petition filed under Welfare and Institutions Code section 300.

4. Upon the termination of jurisdiction by the juvenile court, petitioner will be requesting a Custody Order - Final Judgment - be issued pursuant to Welfare and Institutions Code section 302(d). A final judgment may include: custody, visitation (parenting time), holiday schedule and parentage orders.

5. Petitioner requests the following parents/guardians be ordered to participate in juvenile court mediation.

a. Name: Mother father guardian

b. Name: Mother father guardian

c. Name: Mother father guardian

6. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to the best of my knowledge.

Dated: _____

Type of print name

Signature