

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner/Plaintiff(s): and Co-Petitioner/Respondent/Defendant(s):	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____                      E-mail: _____ FAX Number: _____                         Atty. Reg. #: _____	Case Number:  Division                      Courtroom
<b>CERTIFICATE OF MEDIATION/ALTERNATIVE DISPUTE RESOLUTION COMPLIANCE</b>	

This certificate certifies that the parties to this case have complied with the court's order to engage in Mediation/Alternative Dispute Resolution (ADR). Please list all parties who participated in the Mediation/ADR.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

The parties listed above met with \_\_\_\_\_ (name of Mediator/Arbitrator/Special Master) on \_\_\_\_\_ (date(s)) for the Mediation/ADR process checked below.

- |   |  |
|---|--|
| <input type="checkbox"/> Mediation (ADRM)<br><input type="checkbox"/> ADR Settlement Conference (ADRC)<br><input type="checkbox"/> Parenting Coordination (ADRG)<br><input type="checkbox"/> Early Neutral Evaluation (ADRE)<br><input type="checkbox"/> ADR other please describe (ADRO) _____ | <input type="checkbox"/> Med-arb (ADRB)<br><input type="checkbox"/> Special Master (ADRR)<br><input type="checkbox"/> Settlement Week (ADRS)<br><input type="checkbox"/> Child Support Worksheet Conference (ADRW) |
|---|--|

The following results occurred as a result of this Mediation/ADR process:

- Case Fully Resolved (ADRF)
- Case Partially Resolved (ADRP)
- No Issues Resolved (ADRN)
- ADR Inappropriate (ADRI) (ADR determined inappropriate by the Mediator/Arbitrator/Special Master; reasons may include the existence of domestic violence, incapacity of a party, or other specified reasons.)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or Attorney

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) the original was filed with the Court and a true and accurate copy of the *Certificate of Mediation/ADR Compliance* was served on the other party by  Hand Delivery  E-filed  Faxed to this number \_\_\_\_\_ or  by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
(Your Signature)