



PETITION FOR CONFIDENTIAL MEDIATION PACKET

General Information

Family Code Section 3170 requires mediation whenever issues of custody or visitation are in dispute. This applies whenever a “party to the case” wants to obtain or change a custody or visitation order and the other party does not agree to the change.

A Petition for Confidential Mediation (local form FL/E- ME-804) may be filed without an Order To Show Cause. Filing a Petition for Confidential Mediation is without prejudice to a party’s right to future hearing.

Confidential (non-recommending) mediation will be conducted by a Family Court Services Mediator who will facilitate negotiation between the parties to reach an agreement regarding custody and parenting issues.

Mediation Report

For mediations scheduled by filing of a Petition for Confidential Mediation, if the parties reach an agreement, Mediator will issue a written report specifying the agreement reached by the parties. However, if the parties are unable to reach an agreement the Mediator will **not** provide any written or verbal report. **No recommendation** will be submitted to Court.

Confidentiality

No information presented by the parties during confidential mediation will be reported or disclosed to anyone, except for the following situations. When child abuse or neglect is suspected by the Mediator, a report will be made to the Child Protective Services. Additionally, if a threat is made against a specific person during mediation, a law enforcement agency and the person against whom a threat was made will be contacted.

Contents of this Packet

- Petition for Confidential Mediation Application Instructions
- Petition for Confidential Mediation form
- Case Demographics Sheet
- Proof of Service Form



PETITION FOR CONFIDENTIAL MEDIATION

APPLICATION INSTRUCTIONS

Read the following instructions before completing the Petition for Confidential Mediation Form.

1. Type or print legibly in blue or black ink only. Please provide all information requested on the form. **Incomplete forms will be returned** for completion.
2. Provide petitioner's and respondent's name, mailing address and telephone number in section 6 & 7 of the petition. Use business addresses only when the home address is unavailable. If applicable, provide the name(s) and address(es) of the attorney(s) of record in section 6 & 7 and claimants information in section 8 of the petition.
3. Date and sign sections 5 of the petition and make three (3) photocopies.
4. Complete the attached Case Demographic Sheet.
5. Petition for Confidential Mediation must be served on the other party by another adult (not you or a person who is part of the case), by (a) personal service, by (b) facsimile with an additional copy mailed first class, or (c) first class mail.
6. The proof of service form (attached) must be completed. The only person who can sign the Proof of Service is the person who served the documents.
7. Submit the original and three (3) photocopies of the Petition for Confidential Mediation, Case Demographics Sheet, and a Proof of Service to Family Court Services, 3341 Power Inn Road, Room 104, Sacramento, CA 95826. Filings may also be placed in the court drop box located on the first (1st) floor.
8. Family Court Services will mail copies of the endorsed Petition for Confidential Mediation and Notice of Mediation Appointment with dates/times to all parties of the action.

Mediation appointment **cannot be re-set or dropped** without the agreement of both parties. Both parties **must** contact Family Court Services, either by telephone or in writing, requesting or agreeing to the re-setting or dropping of the mediation appointment. Appointments are set only on weekdays. There are no evening appointments available.

Family Law Case Demographics Information Sheet for Child Custody/Visitation

Court Case Number: _____

Family Court Services Number: _____

Petitioner's Information				Petitioner's Attorney Information			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Respondent's Information				Respondent's Attorney Information			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Court Case Number: _____

Family Court Services Number: _____

Claimant's Information				Claimant's Attorney Information (Third Party)			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Claimant's Information				Claimant's Attorney Information (Third Party)			
First Name	Middle Initial	Last Name		First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #				Street Number/Apt. or Suite #			
City		State	Zip Code	City		State	Zip Code
Date of Birth:	Month	Day	Year				
Home Phone:	()			Work Phone:	()		
Work Phone:	()			Other Phone:	()		
Other Phone:	()						

Minor's Counsel Attorney Information			
First Name	Middle Initial	Last Name	
Street Number/Apt. or Suite #			
City		State	Zip Code
Work Phone:	()		
Other Phone:	()		

Court Case Number: _____

Family Court Services Number: _____

1. List all children of the parties:

Name	Date of Birth	Age	School	Resides with

2. Please check all boxes that apply.

- a. Are you currently restrained by a Restraining Order or ever been restrained by a Restraining Order (domestic violence restraining order, emergency protective order, or criminal protective order)? Yes ☐ No ☐
- b. Do you have a restraining order against the other party now (domestic violence restraining order, emergency protective order, or criminal protective order)? Yes ☐ No ☐

3.

- a. Number of previous mediation appointments: None ☐
One ☐
Two ☐
Three ☐
Four or more ☐
- b. Do Petitioner/Respondent live 2-4 hours apart from each other? Yes ☐ No ☐
- c. Do Petitioner/Respondent live more than 4 hours apart from each other? Yes ☐ No ☐
- d. Is one or more of your children a Special Needs Child? Yes ☐ No ☐
- e. Has there been past non-compliance with a Court Order? Yes ☐ No ☐

4. Please note whether each or any of these issues are involved in your case:

- a. Custody Change Yes ☐ No ☐
- b. Domestic Violence Yes ☐ No ☐
- c. Substance Abuse Yes ☐ No ☐
- d. Mental Health Yes ☐ No ☐
- e. Current or Previous CPS Involvement Yes ☐ No ☐
- f. Child Physical/Sexual Abuse Yes ☐ No ☐
- g. Child Neglect Yes ☐ No ☐

5.

- a. Are you or the other parent planning on moving out of the area? Yes ☐ No ☐
- b. Does either parent pose a flight risk? Yes ☐ No ☐

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone & State Bar Number): Attorney for: (Name)	
Superior Court of California, County of Sacramento STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY & ZIP CODE: Sacramento, California 95826	
PETITIONER: RESPONDENT:	
FAMILY COURT SERVICES (FCS) PROOF OF SERVICE	

Superior Court Case Number:
FCS Case Number:

1. I am at least 18 years old and am not a party to this case.
2. My residence or business address is:

3. I served a copy of the documents (*specify each*):

☐ By enclosing them in a sealed envelope and depositing it with the United States Postal Service with the postage fully prepaid. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (*city and state*)

☐ By personally delivering copies to the person served, as follows:

- a. Name of person served:
- b. Date:
- c. Time:
- d. Address:

4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF PERSON WHO SERVED THE DOCUMENTS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.: ATTORNEY FOR: (Name)	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY AND ZIP CODE: Sacramento, California 95826	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CLAIMANT:	
PETITION FOR CONFIDENTIAL MEDIATION Family Code §§ 3160-3186	FL Case No.: _____ FCS Case No.: _____

- Provide any of the following applicable case numbers:
 Family Law: _____ Family Support: _____
 Domestic Violence: _____ Other Family Law#: _____
- A Controversy exists between the above named parties concerning (check all that apply and provide brief explanation):
☐ Custody ☐ Visitation ☐ Other

- Date of last Mediation Report: ____/____/____
- Do you have a current Domestic Violence Restraining Order? ☐ Yes (If yes, attach a copy) ☐ No
- Any information I have provided above and any attachment to this Petition is furnished in good faith in the hope of settling the controversy. I declare under penalty of perjury that the foregoing information is true and correct.

Dated: ____/____/____

 SIGNATURE OF DECLARANT

☐ Mediation of the controversy is ordered:

☐ Mediation of the controversy is denied: (See Attached form)

Dated: ____/____/____

 Judge of the Superior Court of California, County of Sacramento