

ATTORNEY, OR PARTY IF NO ATTORNEY: _____ State Bar No.: _____ Name: _____ Address: _____ City/State/Zip _____ 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, STATE, AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ CLAIMANT: _____	
PETITION FOR CONFIDENTIAL MEDIATION	Case No.: _____

1. Do you have a current Restraining or Protective Order against the other party, or one that expired within the past 5 years?
 No Yes (If yes, you are not eligible for Confidential Mediation)

2. We would like assistance resolving issues related to: (Please check all that apply and provide a brief explanation)
 Custody Visitation Other _____

I declare under penalty of perjury that the foregoing information is true and correct.

Dated: ____/____/____ Signature of Declarant: _____
 Type or Print Name: _____

PROOF OF SERVICE

1. I am at least 18 years old, am not a party to this case, and I am a resident of or employed in the county where service was completed.
2. I served a copy of this document by:
 - Enclosing it in a sealed envelope and depositing it with the U.S. Postal Service with the postage fully prepaid. The envelope was addressed and mailed as follows:
 Name of person served: _____
 Address: _____
 Date mailed: _____ Place of mailing (*city and state*): _____
 - Personally delivering a copy to the person served, as follows:
 Name of person served: _____
 Date served: _____ Time served: _____
 Address: _____

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

Dated: ____/____/____ Signature of Person Doing the Serving: _____
 Type or Print Name: _____