



<b>Cover Sheet:</b>	<b>Petition for Confidential Mediation</b>
<b>Effective Date:</b>	February 2, 2023
<b>Last Revision Date:</b>	
<b>Purpose:</b>	<p>These forms are used to request a mediation appointment with a court mediator to discuss parenting time issues with the other parent or caretaker of your child.</p> <p>Confidential Mediation is best for parents who are able to communicate with each other and who are close to agreeing on a parenting plan but just need a little help on a few issues. The mediator will not submit recommendations to the court but will write up your agreement and you may set a hearing to seek a court order.</p> <p>You may not participate in Confidential Mediation if you and the other party have a current Restraining or Protective Order, or one that expired within the last five years</p> <p>Nothing the Mediator hears during Confidential Mediation will be disclosed to anyone. There are legally required exceptions, however: 1) If child abuse or neglect is suspected by the Mediator, a report will be made to Child Protective Services; and, 2) 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.</p>
<b>Assistance:</b>	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account.
<b>Required Forms:</b>	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none"><li>• Petition for Confidential Mediation, local form FL/E-ME-804</li><li>• Family Law Case Demographics Information Sheet for Child Custody/Visitation, local form FL/E-ME-811</li></ul>
<b>Filing Fee:</b>	None
<b>Copies:</b>	Make three copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.
<b>Before You File:</b>	Serve a copy of the forms on the other party to the case and have the server complete the Proof of Service section of the Petition for Confidential Mediation.
<b>Filing:</b>	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)  Mail or place completed forms in the court drop-box located at the



	<p>Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays. Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.</p>
<b>Next Steps:</b>	<p>Family Court Services will mail copies of the filed Petition for Confidential Mediation and Notice of Mediation Appointment to each party.</p>



**Family Law Case Demographics Information Sheet for Child Custody/Visitation**

**Court Case Number:** \_\_\_\_\_

**Family Court Services Number:** \_\_\_\_\_

<b>Petitioner's Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Apt. or Suite #)			
_____			
City	State	Zip Code	
Date of Birth: _____			
	Month	Day	Year
Home Phone: (    )			
Work Phone: (    )			
Relationship to Child/ren: _____			

<b>Petitioner's Attorney Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Suite #)			
_____			
City	State	Zip Code	
Work Phone: (    )			

<b>Respondent's Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Apt. or Suite #)			
_____			
City	State	Zip Code	
Date of Birth: _____			
	Month	Day	Year
Home Phone: (    )			
Work Phone: (    )			
Relationship to Child/ren: _____			

<b>Respondent's Attorney Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Suite #)			
_____			
City	State	Zip Code	
Work Phone: (    )			

Court Case Number: \_\_\_\_\_

Family Court Services Number: \_\_\_\_\_

Claimant's (3 <sup>rd</sup> Party's) Information			
First Name	Middle Initial	Last Name	
Mailing Address (Include Apt. or Suite #)			
City	State	Zip Code	
Date of Birth:	Month	Day	Year
Home Phone: ( )			
Work Phone: ( )			
Relationship to Child/ren: _____			

Claimant's Attorney Information			
First Name	Middle Initial	Last Name	
Mailing Address (Include Suite #)			
City	State	Zip Code	
Work Phone: ( )			

**List all of the children you had or adopted with the other party in this case:**

Full Name	Date of Birth	Age	School	Resides with

Does any party need an interpreter? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, for which party? \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_ Claimant / 3<sup>rd</sup> Party

If Yes, please indicate for what language? \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DECLARANT

\_\_\_\_\_  
TYPE OR PRINT NAME