FORM 50—ORANGE COUNTY INFORMATION FOR SCHEDULING MEDIATION PRIOR TO TRIAL SETTING

Date:	Case No:	Div.:
TYPE OF CASE: □ Divorce	☐ Paternity ☐ Modif	fication Temporary Other (specify):
If applicable: Coordinated N	/lediation: Date:	Time: Mediator:
PETITIONER:		RESPONDENT:
(Please circle) Mr.	Mrs. Ms.	(Please circle) Mr. Mrs. Ms.
ANNUAL GROSS INCOME:		ANNUAL GROSS INCOME:
CERITIFED AS INDIGENT: Yes ☐ No ☐		CERITIFED AS INDIGENT: Yes □ No □
		ATTORNEY (if you are represented):
ADDRESS (Attorney's address if you are represented):		ADDRESS (Attorney's address if you are represented):
TELEPHONE #:		TELEPHONE #:
		 E-MAIL:
G.A.L. (if any): Address:		Telephone #
		ssues that are included in the ification to be mediated:
☐ Parental Responsibility ☐ Time Sharing ☐ Child Support ☐ Exclusive Possession of Home		
☐ Equitable Distributi	on (assets/debts)	☐ Attorneys fees ☐ Alimony/Spousal Support
☐ Other:		
Have you ever been involved	I with any other family cas	e with this party? Yes or No Case Number:
State or County Origin:	If Orange	County case, list case number:
State of country origini	0.01.180	
You may call the mediation You may also check the web You can submit this Form 5 (1) Email: OrangecountyDRS	office at: (407) 836-20 osite for available date 0 by: 6@ocnjcc.org	hin 30-45 days unless extended by agreement of parties. 904 to obtain a date and time for mediation. es at https://www.ninthcircuit.org/mediation/MedsAvail.htm E. Robinson Street, Orlando, FL 32801
Person submitting the Form 50:	Print Name	Cignatura
	riiit waine	Signature

Copies to: ___ Petitioner (or Attorney) ___ Respondent (or Attorney) ___ Domestic Clerk ___ GAL

Rev Form 50 (07/21)