DISTRICT COURT

CLARK COUNTY, NEVADA

PLAINTIFF NAME )

 )

 Plaintiff, ) Case No.: CASE NO.

 )

vs. ) Dept. No: DEPT. NO.

 )

DEFENDANT NAME )

 )

 Defendant. )

 )

**FMC REQUEST AND ORDER FOR MEDIATION – NRS 3.475**

*In accordance with NRS 3.475, all individuals* ***filing an answer*** *to a complaint/motion for contested, child-related divorce or post-divorce child-related issues are mandated to attend mediation toward the resolution of custody/access issues. Upon the filing of this order, the plaintiff and defendant shall attend mediation through the FMC court-connected program. The Family Mediation Center will contact both parties using the information provided below. If this information is incorrect, the Court will be informed.* ***The party completing this form must make sure the other party is served and that the Family Mediation Center has received a file-stamped copy.***

**If either party needs an interpreter, please list language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAINTIFF INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time for appt? AM □ PM □

Attorney’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEFENDANT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time for appt? AM □ PM □

Attorney’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD(REN) INFORMATION [First & Last Name and Date of Birth (DOB)]:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Completing this form Attorney Signature (if Applicable)

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Court Use Only

Ordered and dated this DATE day of MONTH, YEAR.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Judge