

OZAUKEE COUNTY

IN THE MATTER OF:

REQUEST FOR SERVICES:

Case No. _____

Mediation
Guardian ad Litem
Other: _____

Parent

Address

Phone No.: day / evening

Parent

Address

Phone No.: day / evening

This is a request to have the _____ custody _____ physical placement rights (check appropriate blank) of the following minor child(ren) (list names and birth dates)

referred for the services requested above. Reason for this request:

Has mediation been attempted previously? Yes _____ No _____ If so when? _____

I understand that unless waived due to indigency, I am responsible for a deposit of: \$100 paid to the Ozaukee County Family Court Commissioner, 1201 S. Spring Street, Port Washington, WI 53074, prior to the initiation of mediation. The deposit will be returned if mediation does not go beyond one session.

or

\$1,000 paid to the Ozaukee County Clerk of Courts, 1201 S. Spring Street, Port Washington, WI 53074, prior to the appointment of a Guardian ad Litem. The court may order additional monthly deposits to be paid after the appointment is made. NOTE THAT FEES MAY EXCEED \$1,000. ULTIMATE RESPONSIBILITY WILL BE DETERMINED BY THE COURT.

Name

Name

Date

Date

Submit to: Family Court Commissioner
P.O. Box 994
Port Washington, WI 53074

PLEASE ATTACH CHECK OR REQUEST FOR
WAIVER OF DEPOSIT TO THIS REQUEST

Waiver requests must include a complete financial statement.