

REQUEST FOR ADDITIONAL MEDIATION SESSIONS

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

A.B.,)
 Plaintiff,)
)
vs.)
)
C.D.,)
 Defendant.)

Civil No. _____

FAMILY MEDIATION PROGRAM REQUEST FOR ADDITIONAL MEDIATION SESSIONS

The following party/parties make(s) the following request for additional mediation sessions:

Names: _____

a) Reasons for additional sessions:

Number of additional sessions requested: _____

Proposed date for completion of mediation: _____

b) The mediator in this case (name) _____ agrees that additional mediation sessions are warranted for the above-stated reasons:

Signature: _____ Date: _____

Decision: The FMPP Administrator ___ denies ___ grants additional sessions as requested above. If granted, all mediation must be completed by the following date:

Signature _____
(FMPP Administrator)

Date _____

FMPP Fee Reduction Request

Date: _____

Name of Party Requesting Reduction / Waiver: _____

Case Number: _____

Please attach all of the following in order to have your case considered for further mediation sessions that are provided financially in whole or part by the Family Mediation Pilot Project:

- 1) Your most recent W2 form;
- 2) Your most recent Tax Return;
- 3) Proof of income from your current employer(s) for the past 12 months;
- 4) Any other documentation as required by the FMPP Administrator

Once the FMPP Administrator has made a determination of your eligibility to pay for mediation services, you will be notified of the decision. You may be required to pay in full or part for the mediation services (\$170/hour or less). The mediator in your case will provide you with an invoice if appropriate, and you are required to pay for mediation services rendered if ineligible for fee reduction.

Under penalty of perjury, I agree that I have provided full and truthful disclosure and evidence of my financial condition.

Date

Name (print)

Signature: _____