

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of _____)

DOB: _____)

DOB: _____)

DOB: _____)

DOB: _____)
Minors under the age of 18 years _____)

CASE NO. _____

REQUEST FOR COURT-SPONSORED MINOR GUARDIANSHIP MEDIATION

- I request a referral to the court-sponsored minor guardianship mediation program.
- I am the: Petitioner (or attorney) Parent (or attorney) GAL
 Guardian Other, my relationship to the minor(s) is:

- I understand that Alaska law restricts the court's ability to order mediation in child custody matters if domestic violence has occurred between any of the parties. I certify that:
 - There is no domestic violence protective order currently in effect (no Alaska court order and no order issued in another state and filed in Alaska), **AND**
 - No domestic violence has occurred between any of the parties
OR
 - Domestic violence has occurred but the victim(s) has agreed to mediate.
- I consulted with all other legal parties and we all agree to make this referral (not required).
- The participants are available to mediate on _____ (date) at _____ am pm.
- People who should participate in the mediation are:

Name	Relationship	Phone(s) and Email address

NOTE: If you need to add more names, please attach an additional sheet.

- Mediation should focus on the following areas or issues of concern:

Date: _____

Signature

I certify that on _____

Type or Print Name

a copy of this request was sent to:

Mailing Address

Respondent or Atty. Parent A or Atty.

City State ZIP

Petitioner or Atty. Parent B or Atty.

Guardian

Other _____

Other _____

By: _____

Contact Telephone Number(s)