

CHIPPEWA COUNTY
REFERRAL & ORDER FOR MEDIATION

Case No. _____

Petitioner

Respondent

Name		
Mailing address		
City, state, zip code		
Phone number		
Work phone number		
Cell phone number		
Email		
Attorney		

Name of Child(ren)

Date of Birth

☐ MARRIED ☐ DIVORCED ☐ NOT MARRIED ☐ OTHER ☐ CUSTODY ☐ PHYSICAL PLACEMENT
(VISITATION)

DATE OF HEARING, IF ANY: _____

You will be receiving information either by U.S. Mail or by Email regarding your mediation date and time. Please check both your Inbox and Junk Folder for scheduling information. The initial session is at the cost of the court. Subsequent mediation sessions shall be charged at the discretion of TRY Mediation. If you have questions, please call TRY Mediation at 715-839-6295.

YOU ARE REQUIRED TO GO ONE TIME AND ONE TIME ONLY. YOU WILL NOT BE FORCED INTO AN AGREEMENT AND ARE FREE TO LEAVE AT ANY TIME.