

**OTTAWA COUNTY JUVENILE COURT
REQUEST FOR COURT MEDIATION**

Date _____

Requested by _____
(Name of Official Making Request)

School _____

Phone No. _____ Fax No. _____

Address: _____

For school attendance problem intervention for

Student _____

Name and Address of Parent(s) or Legal Guardian(s)

Phone Number of Parent(s) or Guardian(s) _____

Total days absent _____ Excused _____ Unexcused _____ Tardy _____

Best time of day for mediation session _____

Unless it is not possible for parent(s) to be present during the day, all mediation sessions should be scheduled to occur during or immediately before or after the school day.

(Information below to be filled in by Court and returned by FAX to school. **School shall notify parents or guardians of time and place of mediation.**)

MEDIATION IS SCHEDULED FOR _____ AT _____.

LOCATION _____

MEDIATOR _____ PHONE _____