**SUPERIOR COURT OF WASHINGTON FOR COWLITZ COUNTY**

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| **In re:**  **Petitioner/s (person/s who started the case)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **v.**  **And Respondent/s (other party/parties):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **No.**  **ORDER TRANSFERRING CASE TO MANDATORY MEDIATION (ORTF)**  **Clerk’s Action Required** |

THIS MATTER having come on before the Court for hearing and it appearing that certain differences have arisen between the parties, and in accordance with CCLCR 93 and/or the parties’ parenting plan, **NOW, THEREFORE**,

**IT IS HEREBY ORDERED** that the matter be transferred to Community Mediation Center. The cost to the parties is based upon the financial declarations contained in the Court file, and the cost of said Mediation Services shall be paid as follows:

By the Petitioner: \_\_\_\_%

By the Respondent:\_\_\_\_%

THE PARTIES shall mediate the following issues:

\_\_Parenting Plan

\_\_Alternate Residential Time

\_\_Other Issues as specified below.

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Mediation shall be provided by Community Mediation Center, or such person/agency approved by Court Order.

THE PARTIES names, current addresses and telephone number are as listed below:

Petitioner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IT IS FURTHER ORDERED** that a copy of the Certificate of Mediation Disposition shall be filed with the Cowlitz County Superior Court by the Community Mediation Center, or such other court approved mediator, within seven (7) days after the mediation is completed.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judge/Court Commissioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a court order, the parties and/or their lawyers (and any GAL) sign below.

This Order (check any that apply): This Order (check any that apply):

\_\_is an agreement by me \_\_\_is an agreement by me

\_\_is presented by me \_\_\_is presented by me

\_\_may be signed by court without notice to me \_\_\_may be signed by court without notice to me

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner signs here or lawyer + WSBA # Respondent signs here or lawyer + WSBA #

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