



**FRANKLIN COUNTY
COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
AND JUVENILE BRANCH**
373 South High Street
Columbus, Ohio 43215

JUDGES

DANA S. PREISSE
JIM MASON
KIM A. BROWNE
ELIZABETH GILL
CHRISTOPHER J. GEER

Christy Cumberlander Walker
Coordinator, Access Visitation
Mediation Programs
(614) 462-6147

Thank you for your recent request for information regarding the Access/Visitation Mediation Program. I am enclosing a brochure that describes this program. If you would like to participate in this program, please complete the enclosed information form and mail it to the following address:

Christy Cumberlander Walker
Mediation Services
373 South High Street, Third Floor
Columbus, OH 43215-4595

You may also fax this request to (614) 462-3748.

Once I have received the request form from you, I will schedule a mediation session with a neutral mediator for you and the other party. Scheduling letters with the date and time of the mediation are sent to all participants. Mediation sessions last from two to two and one half hours. Sessions are usually scheduled Monday through Thursday. If you need an evening session, please write that on your form. Please also let us know if you or the other party will need an interpreter to participate in the mediation session.

If you have any questions or would like more information about the program, please call me at (614) 462-6147.

Sincerely,
Christy Cumberlander Walker
Christy Cumberlander Walker
Program Coordinator

REQUEST FOR MEDIATION
PLEASE PRINT CLEARLY

Your Name _____ **Relationship to Child** _____

Street Address _____

City _____ **State** _____ **Zip code** _____

Telephone Number Home _____ **Cell** _____ **Work** _____

Name of Child (ren) _____ **Date of Birth** _____

Child Support Case # _____ **Court Case #** _____

Has Children's Services been involved with this child? When and Why _____

Who has legal custody of the child(ren)? _____

Is there a Protection Order between you and the other party? yes _____ **no** _____

How was paternity established _____

Information on Other Participant

Name _____ **Relationship to child** _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Number Home _____ **Cell Phone** _____ **Work** _____

Date _____

Signature of Person Making Request _____