PLEASE TYPE

_____County, Colorado ❑ District Court Court address: Phone Number: **In Re:** **Petitioner:** **Respondent/Co-Petitioner:**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty.Reg.#:	Case Number: Division Courtroom

MOTION TO WAIVE MEDIATION REQUIREMENT

The ❑ Petitioner ❑ Respondent/Co-Petitioner (check one) requests that this Court waive the requirement that the parties participate in mediation for the following reasons:

For the reasons above, an order waiving the requirement of mediation is requested.

Date: _____

_____
❑ Petitioner OR ❑ Respondent/Co-Petitioner

_____
Address

_____
City, State, Zip Code

_____
(Area Code) Telephone Number (home and work)

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original and one copy of this document were filed with the Court; and, a true and accurate copy of the *MOTION TO WAIVE MEDIATION REQUIREMENT* was served on the other party by ❑ Hand Delivery OR ❑ Faxed to this number _____ OR ❑ by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

_____

_____

_____
(your signature)