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
Order to Waive Mediation	

THIS MATTER comes before this Court on *The Motion to Waive Mediation filed by the*
❑ *Petitioner* ❑ *Co-Petitioner/Respondent.*

The Court is satisfied that basis for *Motion to Waive Mediation* is in the best interests of all parties.

It is therefore ordered that mediation is waived.

DATE: _____

BY THE COURT:

_____

❑ District Court Judge
❑ District Court Magistrate