

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of _____)

DOB: _____)

DOB: _____)

DOB: _____)

DOB: _____)

Minors Under the Age of Eighteen (18) Years _____)

CASE NO. _____

REQUEST FOR COURT SPONSORED CINA MEDIATION or FAMILY GROUP CONFERENCING (FGC)

I am requesting a referral for: Mediation FGC

I am: OCS Worker AAG GAL Mother (or attorney) Father (or attorney)

Tribal Representative Indian Custodian (or attorney) Other legal party _____

I have consulted with all other legal parties and we all agree to make this referral (not required).

Other legal parties are listed below. In addition, I may list other persons who should participate.

NOTE: If you need to add more names, please attach an additional sheet.

Name	Relationship	Phone(s) and Email address

I think mediation/FGC should focus on the following areas or issues of concern:

Date

Signature

Type or Print Name

Mailing Address

City State ZIP

Contact Telephone Number(s)

I certify that on _____

a copy of this request was sent to:

Mother Father OCS

Indian Custodian AAG

GAL PD Tribe

CASA Other _____

Dispute Resolution Coordinator, Karen Largent

By: _____

MED-200 (2/07)(cs)

REQUEST FOR COURT SPONSORED CINA MEDIATION/FGC