
Mediation Referral Form
Office of Dispute Resolution
Child Support Enforcement

EMAIL: odrmediations@judicial.state.co.us or FAX to: 720-625-5987

Case Number: _____ Case name: _____ Referral from: _____

IV-D case No. _____ County Referring Case: _____

If IV-D Case, please list Technician Name: _____ Technician Phone number: _____

Technician Email Address (please PRINT) _____

Temporary orders? Yes No TANF? Yes No

Current Child Support Order? Yes No

Is either party Spanish speaking? Yes No

Mother

Name _____

Address _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address, if applicable _____

Father

Name _____

Address _____

Phone number _____

E-mail address, if applicable _____

Other

Name _____ Role (circle one): Party Lawyer Other

Address _____

Phone number _____ Fax number _____

E-mail address, if applicable _____

Scheduled Mediation

Date mediation must be completed by (if applicable): _____

Issues to be mediated (if applicable): _____

Will there be anyone participating by phone? yes no unsure If so, who? _____

Is there a history of Domestic Violence? yes no unsure

Any TPO or PPO or NDI in place? yes no unsure