IN THE SUPERIOR COURT FOR THE STATE OF ALASKA In the Matter of DOB: DOB: DOB: DOB: CASE NO. Minors Under the Age of Eighteen (18) Years REQUEST FOR COURT-SPONSORED CINA MEDIATION I request a referral for CINA Mediation. 1. 2. I am the: OCS Worker GAL ☐ AAG ☐ Mother (or attorney) ☐ Father (or attorney) ☐ Tribal Representative ☐ Indian Custodian (or attorney) Other legal party I consulted with all other legal parties and we all agree to make this referral (not required). 3. The participants are available to mediate on _____ (date) at ____ am pm 4. or _____ (date) at ____ am pm. People who should participate in the mediation are: 5. Name Relationship Phone(s) and Email address NOTE: If you need to add more names, please attach an additional sheet. Mediation should focus on the following areas or issues of concern: Signature Date Print Name I certify that on ____ Mailing Address a copy of this request was sent to: ☐ Mother ☐ Father ☐ OCS ☐ AAG ☐ Indian Custodian ☐ Tribe ☐ GAL ☐ PD ☐ CASA ☐ Fam. Case Svcs. Coor. City 7IP State Contact Telephone Number(s) Other _____ By: ____

MED-200 (6/15)(cs)
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