

**FRANKLIN COUNTY COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH  
MEDIATION SERVICES**

**REQUEST FOR COMPANIONSHIP MEDIATION**

**Person Requesting Companionship Mediation:**

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Name

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Address

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Telephone Number

**Other Parent (or custodian of child):**

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Name

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Address

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Telephone Number

**Name of Child or Children:** \_\_\_\_\_

**Court Case No.** \_\_\_\_\_

**Reason you are requesting Companionship Mediation:**

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Date

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Signature of Person Making Request