

**CONFIDENTIAL INFORMATION FORM**

**Do not send to other parties.**

**A19-**

The information supplied on the following pages will remain confidential and will not become part of the official court records.

**I AM**    APPELLANT                       RESPONDENT

**ISSUES ON APPEAL** (check all that apply):

- Child custody
- Parenting time
- Child support
- Property distribution
- Spousal maintenance
- Other (please explain)

Other pending family law cases. Are there any other pending family law cases on appeal involving the same parties? If yes, please provide the case number(s)\_\_\_\_\_

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**RATE OF COMPENSATION OR FEE OF APPELLATE ATTORNEY'S REPRESENTATION IN THIS MATTER:** \_\_\_\_\_

**RATE OF COMPENSATION OR FEE OF TRIAL ATTORNEY'S REPRESENTATION IN THIS MATTER:** \_\_\_\_\_

**PARTY'S ANNUAL GROSS INCOME:** \_\_\_\_\_

**IN FORMA PAUPERIS**

Were you granted leave to proceed in forma pauperis on appeal at the district court level? If so, attach a copy of the order.

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**PREVIOUS MEDIATION OR OTHER ALTERNATIVE DISPUTE RESOLUTION**

Did this case go through any type of alternative dispute resolution at the district court level?

No                       Yes If yes, what type (ENE, mediation, etc)? \_\_\_\_\_

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**EXEMPTIONS**

The Court may, in its discretion, exempt a case from the mediation program. If you would like your case to be considered for an exemption, please state your reason below with specificity.

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**If you are requesting an exemption because you have experienced domestic abuse in this relationship, please complete the following items on this form. For the purposes of this form, “domestic abuse” means (1) physical harm, bodily injury, or assault; or (2) the infliction of fear of imminent physical harm, bodily injury, or assault.**

- I have experienced physical harm, bodily injury, or assault in this relationship.
- I have experienced the infliction of fear of imminent physical harm, bodily injury, or assault in this relationship.

If you have checked one of the above boxes, please provide above a detailed description of the domestic abuse you have experienced, including but not limited to the date of the most recent incident of domestic abuse.

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\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Phone #

**Return this form to the Family Law Appellate Mediation Office within 14 days after the date on the order referring you to mediation.**

Mail forms to: Appellate Mediation, #255G, 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155, fax forms to 651-268-1801 or email to [MJCFamilyLaw.Mediation@courts.state.mn.us](mailto:MJCFamilyLaw.Mediation@courts.state.mn.us). **\*\*PLEASE DO NOT E-FILE FORMS\*\***