

Minnesota Court of Appeals Family Law Appellate Mediation Confidential Information Form

Appellate Case File Number: A _____

Instructions

Do not send this form to other parties. The information supplied on the following pages will remain confidential and will not become part of the official court records.

Issues on Appeal

- 1) Check one: I am ☐ Appellant ☐ Respondent
- 2) Check all issues that are raised in this appeal:
 - ☐ Child Custody
 - ☐ Parenting Time
 - ☐ Child Support
 - ☐ Property Distribution
 - ☐ Spousal Maintenance
 - ☐ Other (please explain below)
- 3) If you checked "Other" above, please explain here: _____
- 4) Other pending family law cases. Are there any other pending family law cases on appeal involving the same parties? ☐ Yes ☐ No
- 5) If yes, please provide the case number(s) _____
- 6) 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
- 7) If yes, what type: ☐ ENE ☐ mediation ☐ other (please describe): _____

Mediation Fee Information

- 8) Rate of compensation or fee of appellate attorney's representation in this matter: _____
- 9) Rate of compensation or fee of trial attorney's representation in this matter: _____
- 10) Party's annual gross income: _____
- 11) In Forma Pauperis: Were you granted leave to proceed in forma pauperis on appeal at the district court level? ☐ No ☐ Yes **If yes, attach a copy of the order.**

Exemptions

The Court may, in its discretion, exempt a case from the mediation program.

- 12) If you would like your case to be considered for an exemption, please state your reason below with specificity:

If you are requesting an exemption because you have experienced domestic abuse in this relationship, please complete the following items on this form. For 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.

- 13) If either of the following two situations is true for you, please check the box next to the statement:

- ☐ 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.

- 14) If you have checked one of the above boxes, please provide 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:

Signature: _____ Date: _____

Phone number: _____

Submission Instructions

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, #234, 25 Rev. Dr. Martin Luther King Jr. Blvd., St. Paul, MN 55155, or fax forms to 651-205-4699, or email forms to MJCFamilyLaw.Mediation@courts.state.mn.us. PLEASE DO NOT E-FILE THIS FORM.