

| | | |
|---|--|-------------------------------|
| STATE OF MICHIGAN 17TH JUDICIAL CIRCUIT KENT COUNTY | STIPULATION FOR SELECTION OF MEDIATOR | CASE NO. «case» |
|---|--|-------------------------------|

Court address **ADR OFFICE, 180 OTTAWA AVE NW, SUITE 3100, GRAND RAPIDS MI 49503**

Court telephone no. **616-632-5052**

Regarding the Marriage of _____ and _____

Filing parent's name, address & telephone no.

Nonfiling parent's name, address & telephone no.

Mother/Father
(Circle one)

Mother/Father
(Circle one)

The parties in this matter have agreed upon _____ as the mediator in this case.

The parties have agreed to refer the case to the ADR Department for the random selection of a mediator from the list of court-approved mediators.

The mediator's fees shall be:

Divided equally between the parties.

Other: _____

Filing Parent's Signature

Nonfiling Parent's Signature

Date: _____

Date: _____