

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of:

_____	DOB: _____	CASE NO. _____
_____	DOB: _____	CASE NO. _____
_____	DOB: _____	CASE NO. _____
_____	DOB: _____	CASE NO. _____

REQUEST FOR COURT-SPONSORED CINA MEDIATION

- I ask the court to order the parties to participate in the court-sponsored CINA mediation program.
- I am the: OCS Worker GAL AAG Parent/Lawyer
 Tribal Representative/Lawyer Indian Custodian/Lawyer
 Other, and my relationship to the case is _____
- I talked to all other legal parties and we all agree to make this referral *[not required]*.
- The participants are available to mediate on _____ at _____ a.m. p.m.
 _____ at _____ a.m. p.m.
- People who should participate in the mediation are:

Name	Relationship	Phone number	Email address

[If you need to add more names, please attach an additional sheet.]

- Mediation should focus on the following areas or issues of concern:

Date: _____

Certificate of Service

- I am filing this document through the court's TrueFiling program and will fill out the Certificate of Service through that program.
- I certify on _____ at _____ *[date/time]*
- I gave a copy of this document by email mail
- hand-delivery to:
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Parent/Lawyer _____ | <input type="checkbox"/> GAL _____ |
| <input type="checkbox"/> Parent/Lawyer _____ | <input type="checkbox"/> AAG _____ |
| <input type="checkbox"/> Minor(s)/Lawyer(s) _____ | <input type="checkbox"/> Tribe _____ |
| <input type="checkbox"/> CASA <input type="checkbox"/> OCS <input type="checkbox"/> Indian Custodian | |
| <input type="checkbox"/> Other _____ | |

Signature: _____

Signature _____

Printed Name _____

Address _____

Phone Number _____

Email _____