

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, MISSOURI  
FAMILY COURT DIVISION**

**IN RE THE MATTER OF:**

\_\_\_\_\_ Petitioner

and

Case No. \_\_\_\_\_

\_\_\_\_\_ Respondent

**FORM 15**

This form must be completed by either party and filed with the Court no later than 60 days from the date of service, when any case involves minor children.

Check all that apply:

1. \_\_\_ The parties have completed two hours of Rule 68.14 meditation with a court-approved mediator as verified by the Notice of Mandatory Compliance.
2. \_\_\_ The parties have no disputes regarding parenting issues regarding the children. Parenting Plan is attached with signatures of all parties.
3. \_\_\_ Mandatory mediation under Rule 68.14 has been waived by order of the Court.
4. \_\_\_ No answer has been filed. \_\_\_ Case is in default.

**IF YOU HAVE SELECTED 1, 2, 3 OR 4 ABOVE, YOU NEED ONLY SIGN THE AFFIDAVIT BELOW AND FILE FORM 15 AND CASE MAY PROCEED. IF NONE WERE SELECTED, CONTINUE BELOW.**

5. \_\_\_ The parties have dispute regarding parenting issues:
  - a. \_\_\_ Parties request court appointed mediator. **OR**
  - b. \_\_\_ Parties request \_\_\_\_\_ be appointed mediator.
6. \_\_\_ There had been or there is a Restraining Order of Protection from Abuse Order involving the parties or the child.

The Petitioner's mailing address is:

The Respondent's mailing address is:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Attorney \_\_\_\_\_

Attorney \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**AFFIDAVIT**

I certify that the above Form 15 is complete, true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Affiant-Petitioner

\_\_\_\_\_  
Affiant-Respondent

Subscribed and sworn to before me the undersigned Notary Public, on \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**CERTIFICATE OF MAILING**

I hereby certify that a copy of the above and foregoing was mailed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to Clerk of the Court, Hillsboro, Hillsboro Courthouse, PO Box 100, Hillsboro, MO, 63050

\_\_\_\_\_