

NOTICE OF MEDIATION OR COLLABORATIVE DIVORCE

JD-FM-278 New 11-19

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

COURT USE ONLY

MEDCOL



Instructions

Complete this form if you are participating in, or have participated in, either private mediation or a collaborative divorce process to try to resolve your case.

Judicial District	At (Town)	Address of court	Return Date
Plaintiff (Last, first, middle initial)		Defendant (Last, first, middle initial)	Docket number (if already assigned)

1. Notice is hereby given to the Court that the parties in this case are participating in or have participated in (Select one):

Mediation (Provide the name, address, phone number, and e-mail address of the mediator)

Name of Mediator	Address (Number, street, apartment number, city, state, and zip code)		
Telephone number	E-mail address		

Collaborative Divorce (Provide the name, address, phone number, and e-mail address of each collaborative attorney)

Name of collaborative attorney for plaintiff	Address (Number, street, apartment number, city, state, and zip code)		
Telephone number	E-mail address		

Name of collaborative attorney for defendant	Address (Number, street, apartment number, city, state, and zip code)		
Telephone number	E-mail address		

2. Date(s) Mediation session(s) or Collaborative Divorce session(s) completed or anticipated to be completed:

Date(s) of completion or anticipated completion

Must be signed by each party.

May be signed by the party's attorney of record if that person is represented by an attorney in the divorce case:

Self-represented plaintiff's or attorney's signature	Print name of self-represented plaintiff or attorney	Date signed
Self-represented defendant's or attorney's signature	Print name of self-represented defendant or attorney	Date signed