

**IN THE CIRCUIT COURT, SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO AND PINELLAS COUNTIES, FLORIDA**

Petitioner,

and

CASE NO: _____

UCN: _____

Respondent.

AFFIDAVIT RE: OBJECTION TO REFERRAL TO FAMILY MEDIATION

I, (full legal name) _____

being sworn, certify that the following information is true:

1. _____ There is a history of domestic violence, repeat violence, sexual violence or dating violence that would compromise the mediation process.

2. _____ There is an injunction against domestic violence, repeat violence, sexual violence or dating violence currently in effect. The case number is _____. The injunction was issued by _____ (name of Court) in _____ (State).

3. _____ There are other reasons that this case should not proceed to mediation. They are:

_____.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Affiant

Print Name of Affiant

You may withhold your address and phone number if you fear that disclosing it would put you in danger.

Address of Affiant

City, State, Zip

Tele. Number _____

Email: _____

STATE OF FLORIDA COUNTY OF PINELLAS

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC/DEPUTY CLERK

Print or stamp commissioned name of notary

_____ Personally known

_____ Produced identification

Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, THEY MUST FILL IN THE BLANKS BELOW:

I, (name of nonlawyer) _____, a nonlawyer, located at
(street) _____ (city) _____ (state) _____
(phone) _____, helped (name) _____, who
is the [check one only] _____petitioner or _____respondent, fill out this form.

AFFIDAVIT RE: OBJECTION TO REFERRAL TO FAMILY MEDIATION

SPECIAL INSTRUCTIONS FOR COMPLETING THIS FORM:

You must have this affidavit notarized. Return it within ten (10) days to:

Family Mediation Program
545 First Avenue N., Room 109, St Petersburg, FL 33701
(727) 582-7206
or
315 Court Street, Room #401, Clearwater, FL 33756
(727) 464-4947

FOR AN EXPEDITED RESPONSE ON YOUR REQUEST, PLEASE RETURN THE AFFIDAVIT WITHIN SEVEN (7) DAYS.

The section judge will review the completed affidavit.

You will be notified by mail concerning the outcome of your request.

If you have withheld your address and phone, please contact the mediation office at (727) 582-7206 or (727) 464-4947 within five days of filing this affidavit concerning the outcome of your request.