

IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA.

Case No.: _____

Petitioner
and

Respondent

MOTION FOR REASSESSMENT OF FEE SHARING FOR PRIVATE MEDIATION

The [**one** only] ___ Petitioner **or** ___ Respondent requests the following relief:

1. The Court entered an order for mediation on {date} _____.
2. The order said that "Parties with combined income of \$60,000 or over shall arrange to attend private mediation, in lieu of family mediation, and each party shall pay his/her equal share of the cost of that particular mediator's fees for the mediation conference".
3. The [**one** only] ___ Petitioner **or** ___ Respondent is unable to pay his/her equal share for said private mediation because: _____

WHEREFORE [**one** only] ___ Petitioner **or** ___ Respondent prays this Court will find the [**one** only] ___ Petitioner **or** ___ Respondent shall be responsible for a greater share of the private mediation costs than that presently ordered.

I HEREBY CERTIFY that a true and correct copy of the foregoing instrument has been furnished by U.S. mail service upon _____, at the address _____, this _____ day of _____, 200__.

Signature of party
Printed name _____
Address _____

City State Zip
Telephone number _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM TO GIVE TO THE JUDGE TO SIGN, THE NONLAWYER WHO HELPED YOU MUST FILL IN THE BLANKS BELOW: [✍ fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{Petitioner's name}* _____,
_____, who [**one** only] _____ petitioner **or** _____ respondent,
fill out this form.