



**FAMILY MEDIATION
CONFIDENTIAL REPORT TO AOC
FOR DATA PURPOSES ONLY**

Case No. _____
Court _____
County _____
Division _____

DO NOT FILE IN THE RECORD

Requesting Judge: _____
Name

Assigned Mediator: _____
Name

Case Name: _____

Date of Mediation: _____
mm/dd/yyyy

Issues: _____

Mediation Result (check one) ☐ settled ☐ not settled ☐ not suitable for mediation ☐ partially settled

Interpreting Services were necessary and/or requested for this mediation: ☐ Yes ☐ No

Time Elapsed/Length of Mediation: _____

Do you need mentoring or feedback on any issues related to this mediation: ☐ Yes ☐ No

_____, 2_____
Date

Mediator

DO NOT FILE IN THE RECORD

SUBMIT TO: mediation@kycourts.net.