



**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](mailto:mediation@kycourts.net).