IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

CASE NUMBER: _____

_____,
      Petitioner,
and

_____,
      Respondent.

MOTION FOR TELEPHONIC APPEARANCE AT MEDIATION

      I, _____ *(party filing motion)*, request permission to appear by telephone for the Mediation Conference scheduled for _____ *(date of mediation conference)*.

I hereby certify that:

Check all that apply:

_____ I have consulted all parties and he/she/they have no objection to my appearance by telephone.

_____ All parties have <u>not</u> agreed to my appearance by telephone.

The reason I am unable to attend the Mediation Conference in person is:

_____

_____

_____

_____

I hereby acknowledge that, in the event the Motion is granted, I will be responsible for placing the call at the time permitted.

I further acknowledge that in the event I do not phone in to the Mediation Conference at the designated time, that my non-appearance will be treated the same as if I had failed to appear in person.

CERTIFICATE OF SERVICE

I certify that a copy of this document was (   ) mailed (   ) faxed and mailed
(   ) e-mailed (   ) hand-delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____
_____

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

Dated: _____   _____
                                    Signature of Party or his/her attorney
                                    Printed Name: _____
                                    Address: _____
                                    City, State, Zip: _____
                                    Telephone Number: _____
                                    Fax Number: _____
                                    Designated E-mail Address(es): _____
                                    _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[fill in all blanks] This form was prepared for the: *{choose only **one**}* (   ) Petitioner (   ) Respondent
This form was completed with the assistance of:{name of individual} _____,
{name of business} _____,
{address} _____,
{city}_____,{state}_____,{zip code}_____,{telephone number} _____