

1
2 IN THE CIRCUIT COURT OF THE STATE OF OREGON

3 FOR THE COUNTY OF DESCHUTES

4)
5 [Plaintiff or Petitioner's Name],)
6 Petitioner,) Case No. [Case Number]
7 v.)
8 [Defendant or Respondent's Name],)
9 Respondent)
10)

11 The Court having reviewed the Request for Mediation submitted by the Petitioner Respondent;

12 IT IS THEREFORE ORDERED:

13 **TO BOTH PARENTS:** You must promptly contact the Deschutes County Mental Health Department Mediation
14 Program, (541) 385-1719 at the Rosie Bareis Community Center, 1010 N.W. 14th Street, Bend, OR 97701 to
15 schedule a Mediation Orientation appointment. Inform the Mediation Program staff about any Restraining Order
16 and/or any personal safety concerns you may have. You must contact the Mediation Program within (7) days of
17 the date this form was mailed or given to the other parent.

18 Request is denied.

19 IT IS SO ORDERED: _____
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