

**WISCONSIN BIRTH TO 3 MEDIATION SYSTEM**  
**Request for Mediation**

Parents or a county administrative agency, or both, may start the mediation process with this request form mailed, faxed, or scanned and emailed to the Birth to 3 Mediation System. Use of this **Request for Mediation** form is voluntary. However, using this form assures that the system receives correct information and that mediation occurs promptly.

- If this is a joint request, the parents and the county administrative agency contact jointly complete a single *Request for Mediation* form. The form should be mailed, faxed, or scanned and emailed to the Birth to 3 Mediation System using the contact information below. The system will appoint a trained mediator from the system’s list who will arrange mediation at a neutral site and a day and time convenient to both parties.
- If this a single request, the requesting party completes this form and mails, faxes, or scans and emails it to the mediation system using the contact information below. The system will notify the other party in writing of the request for mediation and they have three days to respond. If the other party agrees to mediate, the system will work with the parties to choose a mediator to arrange a mediation session. If the other party refuses to participate or the system does not receive a timely reply, the system will notify the requesting party of that response.

We wish to request that the Birth to 3 Mediation System convene a mediation regarding the following unresolved topic(s):

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We understand that mediation is a voluntary option to resolve disputes and is available to encourage early resolution of issues whenever possible. We also understand that mediation is confidential and that mediation may not delay or deny the right to a due process hearing.

Child's Name*	County
Parent/Guardian name*	County administrative contact name
Address*	Address
City State Zip*	City State Zip
Phone*                      Email*	Phone                      Email
Parent/Guardian Signature*                      Date	County Administrative Contact Signature                      Date

**\*This confidential information is required to arrange for the mediation session and will only be used for that purpose.**

For additional information, contact Jane Burns, Neutral Intake Coordinator: 888-298-3857

**Submit this form to: Birth to 3 Mediation System, Burns Mediation Services**  
**PO Box 829, MADISON WI 53701-0829**  
**Fax: 608-283-9106**  
**Email: jane@wsems.us**