



CIRCUIT COURT FOR _____, MARYLAND

Located at _____ City/County Telephone _____
Court Address Case No. _____

Plaintiff _____ VS. Defendant _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____

REQUEST TO SUBSTITUTE MEDIATOR AND SELECTION OF MEDIATOR BY STIPULATION

We agree to attend mediation proceedings pursuant to Md. Rule 9-205 conducted by:

Name of Mediation Program or Mediator

Address

City, State, Zip

Telephone Number

and we have made payment arrangements with the mediator. We request that the court substitute this mediator for the mediator designated by the court.

Plaintiff /Attorney Signature	Attorney Number	Defendant /Attorney Signature	Attorney Number
_____ Printed Name	_____	_____ Printed Name	_____
_____ Address	_____	_____ Address	_____
_____ City, State, Zip	_____	_____ City, State, Zip	_____
_____ Telephone Number	_____	_____ Telephone Number	_____
_____ Fax	_____	_____ Fax	_____
_____ E-mail	_____	_____ E-mail	_____

I, _____, agree to conduct mediation proceedings in the
Name of Mediator
above-captioned case in accordance with Md. Rule 9-205(e), (f), (g), (h), (i), (j), and (k).

I solemnly affirm under the penalties of perjury that I have the qualifications prescribed by Md. Rule 9-205(d)(5).

Date Mediator's Signature

For information about Mediation and how to apply for a fee waiver please contact the Family Support Services Coordinator in your County/City.