

**MOTION FOR
REFERRAL TO
MEDIATION &
(CHILD CUSTODY, TIMESHARING OR
VISITATION)**

**REQUEST FOR
HEARING**

THESE DOCUMENTS ARE NOT INTENDED TO SUBSTITUTE FOR THE ADVICE OF A PRIVATE LAWYER.

This information is provided as a courtesy ONLY. The court and the court's self-help center is not responsible for errors contained in these documents or for direct, indirect, special or consequential damages in connection with the furnishing of these materials.

(09/18)

4A-204. Motion for referral to mediation (child custody, timesharing, or visitation) (domestic relations actions).

[For use with Rules 1-124 and 1-125 NMRA]

STATE OF NEW MEXICO
COUNTY OF DONA ANA
THIRD JUDICIAL DISTRICT

Petitioner,

v. _____
Respondent.

No. _____

**MOTION FOR REFERRAL TO MEDIATION (CHILD
CUSTODY, TIMESHARING, OR VISITATION)**
(domestic relations actions)

I, _____ *(name of Petitioner or Respondent)*,
request the Court to refer the custody, timesharing, or visitation matters in this ease to mediation.

1. The minor children of the parties are:

Name	Age	Year of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. I have tried to talk to _____ *(name of the other party or the other party's attorney if represented)*. This is what happened: *(You MUST check one of these boxes.)*

- The other party AGREES with my motion.
- The other party DOES NOT AGREE with my motion.
- The other party WILL NOT TALK TO ME about my motion.
- I CANNOT TALK TO THE OTHER PARTY because there is a protective order between us and the other party does not have a lawyer.
- I HAVE NOT TALKED TO THE OTHER PARTY because:

_____.

Signature of party

Name (*print*)

Mailing address (*print*)

City, state, and zip code (*print*)

Telephone number

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that on _____ (*date*), I (*check the applicable item below and fill in all information*)

- mailed a copy of this motion by United States mail, postage prepaid, to:
Name: _____
Mailing address: _____
City, state, and zip code: _____
- delivered a copy of this motion to _____ (*the other party or the other party's attorney*); or
- faxed a copy of this motion to _____ (*the other party or the other party's attorney*) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was ____ (a.m) (p.m) on _____ (*date*).

Signature of party

Date of signature

USE NOTE

1. This form maybe used anywhere in this state to request the court to refer a matter to mediation regarding child custody, timesharing, or visitation in a domestic relations action.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014.]

**STATE OF NEW MEXICO
 COUNTY OF DOÑA ANA
 THIRD JUDICIAL DISTRICT COURT**

STATE OF NEW MEXICO/HSD, (if a Petitioner or Intervenor)

_____, **Petitioner,**

v. **Case No. D-307-DM-** _____
Judge: _____

_____, **Respondent.**

REQUEST FOR HEARING

(YOU MUST FILE THIS REQUEST TO GET A HEARING [COURT DATE] ABOUT YOUR MOTION)

1. I NEED A HEARING ABOUT: MY MOTION TO/FOR _____
(print on this line what you asked for in your motion)
 FINALIZING MY CASE (TRIAL ON THE MERITS)

2. I REQUEST INTERPRETATION SERVICES(CHECK ONE): YES NO
 IF YES, PLEASE DESCRIBE WHAT YOU NEED: _____

3. HOW LONG YOU THINK IT WILL TAKE TO TALK TO THE JUDGE: 15 MINUTES 30 MINUTES
 1 HOUR MORE THAN 1 HOUR

4. IS THERE A HEARING ALREADY SCHEDULED IN THIS CASE: NO YES - WHEN? _____

5. (A, B OR C) TO CERTIFY THAT THIS REQUEST WILL BE DELIVERED TO ALL OTHER PARTIES: A - ON THE SAME DAY I FILE THIS REQUEST
 B - WITH MY MOTION
 C - WITH MY PETITION

6. LIST EVERYONE IN THIS CASE SO THE COURT CAN SEND THEM A NOTICE ABOUT THE HEARING DATE:

	OTHER PARTY OR THEIR LAWYER	ME	<input type="checkbox"/> HSD (<input checked="" type="checkbox"/>)
NAME		SEE SIGNATURE BELOW	HUMAN SVCS. DEPT.
ADDRESS		USE ADDRESS BELOW	653 UTAH AVE.
CITY/STATE/ZIP		USE ADDRESS BELOW	LAS CRUCES, NM 88001
TELEPHONE		USE TELEPHONE BELOW	524-6118

(SIGN YOUR NAME) _____

(PRINT YOUR NAME) _____

(YOUR MAILING ADDRESS) _____

(CITY/STATE/ZIP) _____

(YOUR TELEPHONE) _____



WHEN YOU FILE THIS REQUEST, YOU MUST GIVE THE CLERK STAMPED LETTER ENVELOPES FOR YOU AND FOR EACH PARTY/LAWYER. THE COURT USES THE ENVELOPES TO MAIL OUT THE COURT DATE.