

**INSTRUCTIONS FOR REQUEST FOR WAIVER OF MEDIATION AND REFUND OF
MEDIATION FEES**

When should this form be used?

If an Order Referring Parties to Mediation has been issued in your case, you may use this form to request that mediation be waived for good cause and that any prepaid mediation fees be refunded to you.

This form should be typed or printed in black ink. Be sure to include addresses requested on second page. After completing this form, you should file the original and 2 copies plus two (2) self-stamped, self-addressed envelopes -- one addressed to each party--with the clerk of the circuit court in the county where your case is filed. Your request will then be forwarded to the Court for review.

*If your request is granted complete the top part of the Application for Refund from the State of Florida form (be sure to sign and date the form).

Mail all of the following to the address listed below: (1) Application, (2) Copy of Receipt for Mediation Fees paid and (3) Order Granting Waiver of Mediation and Refund of Mediation Fees.

**Court Administration
Mediation Services Office
M.C. Blanchard Judicial Building
190 Governmental Center
Pensacola, FL 32502**

The Mediation Services Office will process your application and if approved, transmit it to Tallahassee for refund payment.

NOTE: If your request is denied, you must comply with the Order Referring Parties to Mediation.

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA**

_____,
Petitioner,

and

Case No: _____

Division: _____

_____,
Respondent.

Re: _____

REQUEST FOR WAIVER OF MEDIATION AND REFUND OF MEDIATION FEES

I request that mediation be waived and that all prepaid mediation fees be refunded for the following reasons:

Check (√) all that apply:

An agreement signed by both parties settling all issues in this case has been filed and mediation is not necessary.

The other party has not responded within the required time period and a Default has been entered.

There are no children and no marital assets or liabilities to be divided. Only a dissolution of the marriage is requested.

Other: _____

Date

Party Requesting Waiver and Refund

ORDER

Request for Waiver of Mediation and Refund of Mediation Fees in the above referenced case is hereby:

_____ **GRANTED**

_____ **DENIED**

DONE AND ORDERED this _____ day of _____, 20____.

CIRCUIT JUDGE

cc: Petitioner

002

Respondent

**INFORMATION FOR MEDIATION FEES REFUND
(MUST BE COMPLETE AND ACCURATE)**

Case No. _____ Division _____

Type Case: () Dissolution of Marriage () Modification () Other _____
{name the type of case}

I am the {check (√) one} () Petitioner or () Respondent in this case.

Name: _____

Social Security Number: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Mediation Fees Paid: _____ Date Paid: _____

Application for Refund
From
State of Florida

Note: This form must be
filed with and approved
by the agency which
the payment was made

STATE OF FLORIDA
COUNTY OF: _____

Pursuant to the provisions of Rule 69I-44.020, FAC, Section 215.26, or Section _____, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: _____ SS# / FEID#: _____

ADDRESS: _____

AMOUNT: \$ _____

DATE PAID: _____

Which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: _____

Certified True and Correct this _____ day of _____, _____.

Signature

Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

2A) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended: \$ _____

2B) The amount requested was originally forwarded to Finance and Accounting for deposit on:
Batch Number: _____ Dated: _____ Check Number: _____

2C) The above amount was deposited by Finance and Accounting and included in:
State Treasurer's Receipt # _____ Dated _____

Funds Initially deposited to Account #:

SAMAS ACCOUNT CODE											

Statutory Authority for Collection: _____

It is requested that payment be made from Account #:

SAMAS ACCOUNT CODE											

Certified True and Correct this _____ day of _____, 20_____.

DEPOSIT NUMBER: _____
Signature of Authorized AHCA Unit Supervisor

DATE: _____
Title

Organization Code =	Expansion Option =	OCA =
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Section 215.26 states in part: "Application for refunds as provided by this section shall be filed with the comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury. The Chief Financial Officer has delegated the authority to accept application for refund to the unit of State government, which initially collected the money.

**INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW
FORM 12.915,
DESIGNATION OF CURRENT MAILING AND EMAIL ADDRESS (09/12)**

When should this form be used?

This form should be used to inform the clerk and the other **party** of your current mailing and e-mail address(es) or **any change of address**. It is very important that the court and the other party in your case have your correct address.

A party not represented by an attorney may choose to designate e-mail address(es) for **service**. A primary and up to two secondary e-mail addresses can be designated. If you do so and the other party is represented by an attorney or has also designated e-mail address(es) for service, e-mail will be the **exclusive means of service**.

If there is any change in your mailing or e-mail address(es), you must complete a new form, file it with the clerk, and serve a copy on any other party or parties in your case.

What should I do next?

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where your case is filed and keep a copy for your records. A copy of this form must be served on any other party in your case. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms. The words that are in **bold underline** in these instructions are defined there.

Special notes...

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR OKALOOSA COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, {full legal name} _____, being sworn, certify that
my current mailing address is: {Street} _____
{City} _____, {State} _____ {Zip} _____ {Telephone No.} _____
{Fax No.} _____.

I designate as my current e-mail address(es): _____

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was [check all used]: () e-mailed () mailed () faxed
() hand-delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

E-mail Address(es): _____

Dated: _____

Signature of Party

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

_____ Personally known
_____ Produced identification
Type of identification produced _____

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} _____
{street} _____
{city} _____, *{state}* _____, *{telephone number}* _____.