ATTACHMENT FM-1191

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ATTORNEY OR PARTY WI	THOUT AN ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO.:	FOR COURT	USE ONLY	
ATTORNEY FOR (Name)	:				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA					
STREET ADDRESS:	201 North First Street, San José, CA 95113				
MAILING ADDRESS:	191 North First Street				
CITY AND ZIP CODE:	San José, California 95113				
BRANCH NAME:	Family Justice Center				
PLAINTIFF/PETITIONER:					
DEFENDANT/RESPONDENT:					
REFERRAL TO POST-MEDIATION HEARING (PMH)			CASE NUMBER:		
			FCS NUMBER:	APJ:	

1.	The parents and other party/parties (<i>list names</i>):				
	participated in mediation with				
	on (<i>date</i>):	The mediation process is complete.			
2.	The parties:	reached a partial agreement, which is submitted to the court as a separate document; or			
		were unable to reach an agreemen	t.		
3.	. The parties are referred to a Post-Mediation Hearing (PMH).				
4.	. The parties are referred to a PMH for the following issues:		Legal Custody		
			Physical Custody		
			Timeshare/Parenting Time		

- Holiday Schedule
- Miscellaneous Unresolved Parenting Issues

5. The court will send notice of the hearing date and time to the parties.

Dated:_____

Signature of FCS Mediator Party Attorney for Party

Type or Print Name