

ATTORNEY OR PARTY WITHOUT 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 (*list names*): _____ participated in mediation with Family Court Services (FCS) or a private provider on (*date*): _____. 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 agreement.

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