AOC-MED-ADR-14

Rev. 2-24 Page 1 of 1

Commonwealth of Kentucky
Court of Justice www.kycourts.gov

Doc Code: RFMP



## REQUEST FOR ASSIGNMENT OF RETIRED JUDGE TO CONDUCT FELONY MEDIATION

Submit to:

FelonyMediation@kycourts.net

(Name)  (Title)  (Telephone No.)  1. (Check one):	Requesting Judge:				
Clebehone No.   1 am requesting the Felony Mediation Program secure a mediator OR	-	<u> </u>	(Name)	•	
1. (Check one):			(Title)	-	
1. (Check one):			(Telephone No.)	-	
lam requesting Retired Judge	1. (Che	eck one): 🚨 I am requesting the Fel		tor OR	
(Note: There is no guarantee that a requested mediator will be assigned. Mediators are assigned based on availability, location, and program guidelines.)  2. I am requesting the mediation be held: (check one) □ in person OR □ remote.  3. I am requesting the mediation to be held by this date:	\ -	, ,	•		
availability, location, and program guidelines.)  2. I am requesting the mediation be held: (check one) □ in person OR □ remote.  3. I am requesting the mediation to be held by this date:					
3. I am requesting the mediation to be held by this date:		•	•	-	
4. Reason(s) for Request:	2. I am	requesting the mediation be held: (	check one) ☐ in person OR ☐ remot	te.	
4. Reason(s) for Request:	3. I am	requesting the mediation to be held	by this date:	<del>.</del>	
5. Complete paragraph A if multiple cases are requested to be mediated on a specific date QR complete paragraph B if one case is requested to be mediated.    A. Mediation requested in County on					
one case is requested to be mediated.  A. Mediation requested in				·	
□ A. Mediation requested in	5. <i>Com</i>	plete paragraph A if multiple cases	are requested to be mediated on a spec	ific date <u>OR</u> complete paragraph B if	
Judicial Circuit Number/District Number:	one (	case is requested to be mediated.			
Judicial Circuit Number/District Number:	<b>□</b> A.	Mediation requested in	County on	·	
OR  B. Mediation requested in case				(Date)	
B. Mediation requested in case	OB	Judiciai Circuit Number/District Nu	mber:		
Commonwealth Attorney:  (Name) (Phone) (Email)  Defense Attorney:  (Name) (Phone) (Email)  Type of Charge(s) to be mediated:  Is the Defendant currently incarcerated? □ Yes □ No If Yes, what facility:  Victim Participation (check one): □ Yes □ No  Are interpreting services needed for this mediation? □ Yes □ No  6. Additional information which may assist in the selection of a Retired Judge: (attach additional pages if needed)  Date: Judicial □ Circuit □ District  INTERNAL USE ONLY  □ GRANTED: Retired Judge assigned:  □ DENIED: Request denied as follows:		7.1 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·m	O november	
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Defense Attorney:		Commonwealth Attorney:(Name)	(Phone)	/F	
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DENIED: Request denied as follows:			INTERNAL USE ONLY		
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