



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

Submit to:

FelonyMediation@kycourts.net

Requesting Judge: _____
(Name)

(Title)

(Telephone No.)

1. (Check one): I am requesting the Felony Mediation Program secure a mediator **OR**
 I am requesting Retired Judge _____ to conduct this mediation.
(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: _____.
4. Reason(s) for Request: _____
_____.
5. Complete paragraph A if multiple cases are requested to be mediated on a specific date **OR** complete paragraph B if one case is requested to be mediated.
 A. Mediation requested in _____ County on _____ (Date).
Judicial Circuit Number/District Number: _____
OR
 B. Mediation requested in case _____ in _____ County;
(Case Number)

(Case Name/Style)
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: _____, 2_____
Judge, _____ Judicial Circuit District

INTERNAL USE ONLY
<input type="checkbox"/> GRANTED: Retired Judge assigned: _____
<input type="checkbox"/> DENIED: Request denied as follows: _____ _____
Date: _____, 2_____