



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

Submit to:
Retired Judge Program Administrator
700 Capitol Avenue Room 230
Frankfort, Kentucky 40601
retiredjudgeadmin@kycourts.net

Requesting Judge: _____
(Name)

(Title)

(Telephone No.)

1. (Check one): I am requesting the Felony Mediation Program secure a mediator **OR**
 Retired Judge _____ has agreed to conduct this mediation.
(Name)
2. Reason(s) for Request: _____

3. 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 _____.
(Name) (Date)
Judicial Circuit Number/District Number: _____
- OR**
- B. Mediation requested in case _____ in _____ County;
(Case Number) (Name)

(Case Name/Style)
Type of Charge(s) to be mediated: _____

Victim Participation (check one): Yes No

Additional information which may assist in the selection of a Retired Judge:

Date: _____, 2_____
Judge, _____ Judicial Circuit

INTERNAL USE ONLY

- GRANTED: Retired Judge assigned: _____
- DENIED: Request denied as follows: _____

- Date: _____, 2_____
