



CIRCUIT COURT FOR _____, MARYLAND

Located at _____ City/County _____ Telephone _____
Court Address _____

Case No. _____

Plaintiff _____ VS. Defendant _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

**REQUEST TO SUBSTITUTE MEDIATOR AND SELECTION
OF MEDIATOR BY STIPULATION**

We agree to attend mediation proceedings pursuant to Md. Rule 9-205 conducted by:

Name of Mediation Program or Mediator

Address

City, State, Zip

Telephone Number

and we have made payment arrangements with the mediator. We request that the court substitute this mediator for the mediator designated by the court.

Plaintiff /Attorney Signature _____ Attorney Number _____ Defendant /Attorney Signature _____ Attorney Number _____

Printed Name _____ Printed Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Telephone Number _____ Telephone Number _____

Fax _____ Fax _____

E-mail _____ E-mail _____

I, _____, agree to conduct mediation proceedings in the
Name of Mediator

above-captioned case in accordance with Md. Rule 9-205(e), (f), (g), (h), (i), (j), and (k).

I solemnly affirm under the penalties of perjury that I have the qualifications prescribed by
Md. Rule 9-205(d)(5).

Date _____ Mediator's Signature _____

***For information about Mediation and how to apply for a fee waiver please contact
the Family Support Services Coordinator in your County/City.***