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| **Application for Mediation**To Fukuoka Bar Association Dispute Resolution Center |
| Date of application (Month/Day/Year) / /  |
| Applicant | Names |  |
| Address | Telephone Number & Email Address Please fill in the Appendix.Is Internet video communication service (Skype) available to you?Please mark the appropriate box with an X.Yes □　　　 No □If yes, please write down your Skype Name in the Appendix. 　 |
| Respondent | Name |  |
| Address | Telephone Number & Email Address Please fill in the Appendix.If you know respondent's Skype Name, please write down it in the Appendix. |

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| Claim of Applicant Please specify the outcome you are seeking by marking the appropriate box with an X and providing an additional explanation. |
| □　 I am seeking the return of following child/children. |
| □　 I am seeking to secure opportunity for parent-child access to following child/children. |
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| 　Child or Children's information |
| 　Name　　　　　　 　（Birth date　　 / /　 　）(MM/DD/YYYY) |
|  Name　　　　　　 　（Birth date　　 / /　 　）(MM/DD/YYYY) |
| 　Name　　　　　　　 （Birth date　 / /　 　）(MM/DD/YYYY) |
| 　Name　　　　　　 　（Birth date　 　/ /　 　）(MM/DD/YYYY) |
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|  Grounds of Claim Please explain factual and legal grounds on which your claim is based. |
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Appendix

（Applicant）

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| Address　　　　　 | Apt./Room # :Number and Street:City/Town:State/Province/Region:Country:Zip Code: | 　□ |
| TelephoneNumber |  | 　□ |
| EmailAddress |  | 　　□ |
| Skype Name |  | 　　□ |

**※Do NOT disclose my personal information that I mark box or boxes with X**

**to respondent.**

（Respondent）

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| --- | --- |
| Address　　　　　 | Apt./Room # :Number and Street:City/Town:State/Province/Region:Country:JapanZip Code: |
| TelephoneNumber |  |
| EmailAddress |  |
| Skype Name |  |