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.

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.

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)

Grounds of Claim
     Please explain factual and legal grounds on which your claim is based.

Appendix

(Applicant)

Address	Apt./Room＃： Number and Street: City/Town: State/Province/Region: Country: Zip Code:	☐
Telephone Number		☐
Email Address		☐
Skype Name		☐

※Do NOT disclose my personal information that I mark box or boxes with X to respondent.

(Respondent)

Address	Apt./Room＃： Number and Street: City/Town: State/Province/Region: Country:Japan Zip Code:
Telephone Number	
Email Address	
Skype Name	