

**IN THE CIRCUIT COURT IN THE EIGHTEENTH JUDICIAL CIRCUIT  
IN AND FOR BREVARD COUNTY, FLORIDA**

Case No.: 05 -        - DR -        - XXXX-XX

\_\_\_\_\_  
Petitioner

Clock In

and

\_\_\_\_\_  
Respondent

**MOTION FOR REASSESSMENT OF FEE SHARING FOR PRIVATE MEDIATION**

The [ **one** only]    Petitioner **or**    Respondent requests the following relief:

1. The Court entered an order for mediation on \_\_\_\_\_.
2. The order said that "Parties with combined income of \$60,000 or over shall arrange to attend private mediation, in lieu of family mediation, and each party shall pay his/her equal share of the cost of that particular mediator's fees for the mediation conference".
3. The [ **one** only]    Petitioner **or**    Respondent is unable to pay his/her equal share for said private mediation because:

WHEREFORE [ **one** only]    Petitioner **or**    Respondent prays this Court will find the  
[ **one** only]    Petitioner **or**    Respondent shall be responsible for a greater share of the private  
mediation costs than that presently ordered.

**I HEREBY CERTIFY** that a true and correct copy of the foregoing instrument has been furnished by U.S.  
mail service upon \_\_\_\_\_, at the address \_\_\_\_\_  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of party

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Telephone Number

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**  
[✍ fill in all blanks]

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_,  
a nonlawyer, located at {street} \_\_\_\_\_, {city} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {**name**} \_\_\_\_\_,  
who [ **one** only] \_\_\_\_\_petitioner **or** \_\_\_\_\_ respondent, fill out this form.