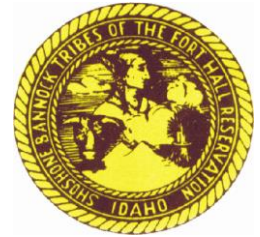




**Title IV-D Child Support Services Program
Tribal Justice Center
56 Agency Road
P. O. Box 306
Fort Hall, ID 83203
Phone (208) 236-1068 * Fax (208) 236-1153**



MEDIATION ACKNOWLEDGEMENT

In accordance with the Shoshone-Bannock Child Custody and Support Ordinance, Chapter IX, Section 937, parties involved in the establishment or modification of a child support order will be required to participate in mediation prior to a hearing, unless good cause exists to waive mediation. Mediation is a process recognized as a means to facilitate communication between parties using an impartial or neutral person (the mediator) to promote settlement of a dispute and to allow participants the opportunity to take ownership over their child support agreement.

The purpose of mediation is to attempt to reach a mutual agreement on a child support order that is in the best interest of the child and is the right fit for the parties. More specifically, the aim of the TCSSP mediation process is to:

1. Provide a traditional approach to dealing with child-focused topics; and
2. Provide the parties with optional methods, including receiving guidance from elders or incorporating other customs and traditions; and
3. Promote parental cooperation in the best interest of their child; and
4. Encourage agreement between the parties on matters related to child support.

_____ I understand that my information will be strictly confidential within the mediation
Initial session and within a confidential file in the TCSSP.

_____ I understand that the mediation process will be facilitated by a certified mediator and my
Initial attorney/advocate cannot be present.

_____ I understand that mandatory mediation does not mean that I have to reach agreement by the
Initial end of the mediation session.

_____ I understand that it is my responsibility to inform my TCSSP Case Specialist of any conflicts of
Initial interest with assigned mediators.

I, _____, agree that I will exercise a good faith effort to actively participate in mediation before proceeding to my hearing.

OR

I, _____, request a waiver of the mediation process for the following reason(s): _____

Signature

Date