Date:
Court Case Number (if any): Referring Court (if any):

Personal and Contact Information

Party 1 Personal Information:
Full Name:
Date of Birth:
☐ Party is enrolled in Sitka Tribe of Alaska. STA Enrollment #:_____.
☐ Party is eligible to be enrolled with STA.
☐ Party is enrolled or eligible to be enrolled with another Tribe. Name of Tribe: _____.
☐ Party is not enrolled or eligible to be enrolled with any Tribe.
Physical Address:
Mailing Address:
Phone Number:
Email Address:
Employer/Job:

Party 2 Personal Information:
Full Name:
Date of Birth:
☐ Party is enrolled in Sitka Tribe of Alaska. STA Enrollment #:_____.
☐ Party is eligible to be enrolled with STA.
☐ Party is enrolled or eligible to be enrolled with another Tribe. Name of Tribe: _____.
☐ Party is not enrolled or eligible to be enrolled with any Tribe.
Physical Address:
Mailing Address:
Phone Number:
Email Address:
Employer/Job:

Other Parties Relevant to the Dispute [i.e. Partners, Housemates, Extended Family, Lawyers, Counselors, Case Managers, Doctors, Clergy, etc.]:

SITKA TRIBAL COURT

MEDIATION REQUEST

Sitka Tribe of Alaska
Sitka Tribal Court
204 Siginaka Way
Sitka, Alaska 99835
(907) 966-9627

☐ None ☐ Unknown ☐ See Parties Listed Below

Full Name	Relationship to Protected Person	Phone Number	Mailing Address	Email

Domestic Violence:

Is domestic violence a concern in this dispute?

☐ Yes ☐ No (If yes, please explain):

Children:

Are there any children relevant to this dispute?

☐ Yes ☐ No (If yes, please fill out the Mediation-Children form):

Special Needs or Considerations:

Are there any factors that would make it difficult (physically or emotionally) to consider face to face mediation? [*I.e. physical distance, restraining order, peace bond, fear of verbal, emotional, or physical abuse, fear of retaliation, drugs/alcohol involvement.*]

☐ Yes ☐ No (If yes, please explain):

Are there any other specials needs or considerations you want to inform the mediator of?

☐ Yes ☐ No (If yes, please explain):

The issue I want mediated involves [check all that apply]:

☐ Family and/or Child *[Examples include but are not limited to parenting plans, custody, guardianship, child visitation, child support, CINA mediation]*:

☐ Domestic Relations [*Examples include but are not limited to divorce, property division, debt division*.]:

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☐ Probate (related to estate, wills, or other care of incapacitated persons) [*Examples include but are not limited to adult guardianships, conservatorships, and estate distribution*]:

☐ Civil Dispute [*Examples include but are not limited to contracts, landlord/tenant, employer/employee, money demands, personal injury, malpractice, property damage and real estate.*]:

☐ Criminal Action [*Examples include but are not limited to victim/offender mediation, Juvenile delinquency, Juvenile victim/offender mediation*]:

☐ Other:

☐ The issue I want mediated involves none of these topics.

Please explain in your own words the conflict you would like mediated and any relevant information about the conflict:

_____
_____
_____
_____
_____

Explain what you want to get out of mediation, and what your ideal result would be:

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_____
_____
_____
_____
_____

Describe previous (if any) attempts to resolve this dispute (i.e. discussions, other mediations, court hearings, etc.):

_____
_____

List your top five (5) priorities in this mediation, with 1. being your most important:

1. _____
2. _____
3. _____
4. _____
5. _____

Scheduling Mediation:
Mediation typically occurs in four (4) hour-long sessions. What are some days/times that work best for you?

Day/Month/Year/Time: _____

Day/Month/Year/Time: _____

Day/Month/Year/Time: _____

Day/Month/Year/Time: _____

Are you willing to attend more than one (1) mediation session?
☐ Yes ☐ No

Mediation typically occurs in person. What format would you prefer?
☐ In-person ☐ Remotely (i.e. Zoom)

Is there anything else you would like the mediator to know?

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SITKA TRIBAL COURT

MEDIATION REQUEST

Verification

I state on oath, or affirm, that I have read this petition and that all of the statements made in it are true and correct to the best of my knowledge and belief.

_____ _____

Date Petitioner's Signature

Subscribed and sworn to, or affirmed, before me in Sitka, Alaska on _____.

Date

Sitka Tribe of Alaska
Sitka Tribal Court
204 Siginaka Way
Sitka, Alaska 99835
(907) 966-9627

(Seal)

_____
Tribal Court Clerk, Notary Public, or other person authorized to administer oaths.
My Commission Expires _____