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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: | □ |
| Telephone  Number |  | □ |
| Email  Address |  | □ |
| 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:Japan  Zip Code: |
| Telephone  Number |  |
| Email  Address |  |
| Skype Name |  |