

**INSTRUCTIONS FOR REQUEST FOR WAIVER OF MEDIATION  
AND REFUND OF MEDIATION FEES**

**When should this form be used?**

If an Order Referring Parties to Mediation has been issued in your case, you may use this form to request that mediation be waived for good cause and that any prepaid mediation fees be refunded to you.

**This form should be typed or printed in black ink. Be sure to include addresses requested on second page. After completing this form, you should file the original and 2 copies plus two (2) self-stamped, self-addressed envelopes -- one addressed to each party--with the clerk of the circuit court in the county where your case is filed. Your request will then be forwarded to the Court for review.**

\*If your request is granted, and you were not certified indigent, complete the top part of the attached Application for Refund from the State of Florida form (be sure to sign and date the form).

**Mail all of the following:**

- (1) Application for Refund from State of Florida**
  - (2) Copy of Receipt for Mediation Fees paid**
  - (3) Copy of Order Granting Waiver of Mediation and Refund of Mediation Fees**
- to the address listed below.**

<p><b>Court Administration Mediation Services Office M.C. Blanchard Judicial Building 190 Governmental Center Pensacola, FL 32502</b></p>
---

The Mediation Services Office will process your application and if approved, transmit it to Tallahassee for refund payment.

**NOTE: If your request is denied, you must comply with the Order Referring Parties to Mediation.**

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT  
IN AND FOR OKALOOSA COUNTY, FLORIDA**

\_\_\_\_\_,  
Petitioner,  
and  
\_\_\_\_\_,  
Respondent.

Case No: \_\_\_\_\_

**REQUEST FOR WAIVER OF MEDIATION AND REFUND OF PREPAID MEDIATION FEES**

I request that mediation be waived and that all prepaid mediation fees (if any) be refunded for the following reasons:

Check (√) all that apply:

- An agreement signed by both parties settling all issues in this case has been filed and mediation is not necessary.
- The other party has not responded within the required time period and a Default has been entered.
- There are no children and no marital assets or liabilities to be divided. Only a dissolution of the marriage is requested.
- Other: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Party Signature Requesting Waiver and Refund  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**ORDER**

Request for Waiver of Mediation and Refund of Mediation Fees in the above referenced case is hereby:

**XXXX GRANTED**

\_\_\_\_\_ **DENIED**

**DONE AND ORDERED** in Okaloosa County, Florida.

\_\_\_\_\_  
**CIRCUIT JUDGE**

cc: Petitioner, Respondent

**INFORMATION FOR MEDIATION FEES REFUND  
(MUST BE COMPLETE AND ACCURATE)**

Case No. \_\_\_\_\_ Division \_\_\_\_\_

Type Case: (\_\_\_\_) Dissolution of Marriage (\_\_\_\_) Modification (\_\_\_\_) Other \_\_\_\_\_  
*{name the type of case}*

I am the {check (✓) one} (\_\_\_\_) Petitioner or (\_\_\_\_) Respondent in this case.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Mediation Fees Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Application for Refund  
From  
State of Florida

Note: This form must be  
filed with and approved  
by the agency which  
the payment was made

STATE OF FLORIDA  
COUNTY OF: \_\_\_\_\_

Pursuant to the provisions of Rule 69I-44.020, FAC, Section 215.26, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: \_\_\_\_\_ SS# / FEID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

DATE PAID: \_\_\_\_\_

Which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: \_\_\_\_\_

Certified True and Correct this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

Must be completed if authority is other than Section 215.26, Florida Statutes.

\*\*\*\*\*

(FOR AGENCY USE ONLY)

1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: \_\_\_\_\_

2A) Agency recommends approval of above claim and submits the following information to substantiate such claim.  
The amount recommended: \$ \_\_\_\_\_

2B) The amount requested was originally forwarded to Finance and Accounting for deposit on:  
Batch Number: \_\_\_\_\_ Dated: \_\_\_\_\_ Check Number: \_\_\_\_\_

2C) The above amount was deposited by Finance and Accounting and included in:  
State Treasurer's Receipt # \_\_\_\_\_ Dated \_\_\_\_\_.

Funds Initially deposited to Account #:

										SAMAS ACCOUNT CODE																			

Statutory Authority for Collection: \_\_\_\_\_.

It is requested that payment be made from Account #:

										SAMAS ACCOUNT CODE																			

Certified True and Correct this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

DEPOSIT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized AHCA Unit Supervisor

DATE: \_\_\_\_\_

\_\_\_\_\_  
Title

Organization Code =	Expansion Option =	OCA =
---------------------	--------------------	-------

Section 215.26 states in part: "Application for refunds as provided by this section shall be filed with the comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury. The Chief Financial Officer has delegated the authority to accept application for refund to the unit of State government, which initially collected the money.