

JUDICATE WEST

Mediation Request Form

Date _____

Request is hereby made to:

Name _____

Address _____

City and State _____ Zip Code _____

Telephone () _____ Fax () _____

Email _____

The undersigned party to an agreement contained in a written contract dated _____, providing for mediation, hereby requests mediation. (Attach the mediation clause or quote it hereunder.)

NATURE OF DISPUTE: (Attach additional sheets if needed):

THE CLAIM OR RELIEF SOUGHT: (The amount, if any)

REQUESTING PARTY: _____

RESPONDENT PARTY: _____

You are hereby notified that copies of our mediation agreement and of this request are being filed with Judicate West at its _____ office, with the request that it commence the administration of the mediation.

SIGNED: _____ TITLE: _____
(May be signed by Representative)

Name of Filing Party _____

Address _____

City and State _____

Zip Code _____

Telephone() _____

Fax () _____

Email _____

Name of Representative _____

Representative's Address _____

City and State _____

Zip Code _____

Telephone() _____

Fax () _____

Email _____