



MEDIATION PROGRAM

Party Information (if conflict is not currently being litigated)

Party Names: _____

Type of Case: (for example, personal injury, malpractice, contract, family, elder): _____

Parties:

Name: _____

Address: _____

Telephone: _____

Email: _____

Attorney's name (if applicable) and phone number: _____

Insurance Carrier (if applicable): _____

) (

Name: _____

Address: _____

Telephone: _____

Email: _____

Attorney's name (if applicable) and phone number: _____

Insurance Carrier (if applicable): _____

(If more than two parties, please provide information on additional page)

If there is a refund of the mediation fees, how should they be apportioned among the parties?

FOR INTERNAL USE ONLY:

Date Information Filed: _____

Date of Mediation: _____

Resolved Partially resolved Did not resolve

Signature:

_____ (Print Name)

