

MEDIATION REQUEST FORM

1. Tell us about you:

I am requesting services for myself.

Screening:

I live or work in Hennepin County. (If not, go to communitymediationminnesota.org)

There is no history of domestic abuse.

I am referring someone to CMRS. I am:

Police

City

School

Property Manager

Court

Attorney

Other

The parties know about this referral: Yes No

MAIL: CMRS, Inc

9220 Bass Lake Road, Suite 270

New Hope, MN 55428

FAX: (763) 561-0266 **PH:** (763) 561-0033

EMAIL: staff@mediationprogram.com

www.communitymediations.org

2. How did you learn about CMRS services? _____

3. What is your contact information?

Name: _____ Email: _____ Phone: _____

Address: _____

4. Who would you like us to invite to participate? (Include additional sheets as needed)

Participant 1: _____

Participant 3: _____

Address _____

Address _____

Address _____

Address _____

Phone: _____

Phone: _____

Participant 2: _____

Participant 4: _____

Address _____

Address _____

Address _____

Address _____

Phone: _____

Phone: _____

5. What kind of dispute?

Business/Consumer

Interpersonal

Property Issue

School

Citizen-Agency

Juvenile Offenders

Victim-Offender

Family

Landlord-Tenant

Neighborhood

Harassment

Other

6. Provide a brief description of the dispute/situation (Police: please include your report): _____

7. Availability

I am generally available: Weekdays Evenings Weekends

*Real people * Real conversations * Real solutions.*