

# REQUEST FOR VOLUNTARY SMALL CLAIMS MEDIATION

Date of Request: \_\_\_\_\_

Have you filed in Conciliation Court?  No  Yes File# \_\_\_\_\_ (Please attach)

## Party Requesting Mediation

**PARTY 1:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Available Dates and times in the next two weeks

**PARTY 2:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Available Dates and times in the next two weeks

## Non-filing Party Information

**PARTY 3:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**PARTY 4:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

I will need a translator for the mediation. Language \_\_\_\_\_

Send to:  **CMS**  
9220 Bass Lake Road  
Suite 270  
New Hope, MN 55428

Fax (763) 561-0266

**CRC**  
2101 Hennepin Ave. S  
Suite 100  
Minneapolis, MN 55405

Fax (612) 822-9890