



For office use only  
CMRS CASE NO:

**HOUSING REFERRAL FORM**

(TO: Community Mediation & Restorative Services, Inc.)

**Referring/Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**File #** \_\_\_\_\_ **Fax:** \_\_\_\_\_

- Landlord/Tenant
- Tenant/Tenant
- Large group
- Landlord/Contractor
- Association
- Other \_\_\_\_\_

Are the parties aware of the referral to mediation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have they agreed to mediate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**People invited to mediation. Please attach additional sheet if needed.**

<p><b>PARTY 1:</b></p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Phone</p>	<p><b>PARTY 2:</b></p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Phone</p>
<p><b>PARTY 3:</b></p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Phone</p>	<p><b>PARTY 4:</b></p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>_____</p> <p>Phone</p>

**TYPE OF DISPUTE :**

- Rent Payments
- Security
- Contractor
- Noise
- Harassment
- Children's behavior
- Shared Space
- Association issues
- Other \_\_\_\_\_
- Repairs/Maintenance
- Neighbor to Neighbor

Please use back of form for any additional parties and/or information.

**EMAIL TO: [staff@mediationprogram.com](mailto:staff@mediationprogram.com)**

**MAIL TO: Community Mediation & Restorative Services, Inc. (763)561-0033**

**9220 Bass Lake Road, Suite 270, New Hope MN 55428**

**FAX TO: (763) 561-0266**