

MEDIATION REQUEST FORM

Screening:

- I live or work in Hennepin County. (If not, please go to minnesotacommunitymediation.org)
- There is no history of domestic abuse among parties.

Please tell us how you found out about CMRS _____

People Involved:

<p>MY CONTACT INFORMATION:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <hr/> <p>Phone</p>	<p>OTHER PARTY 1:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <hr/> <p>Phone</p>
<p>OTHER PARTY 2:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <hr/> <p>Phone</p>	<p>OTHER PARTY 3:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <hr/> <p>Phone</p>

I am generally available: Weekdays Evenings Weekends

TYPE OF DISPUTE/SITUATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Business/Consumer | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Property Issue |
| <input type="checkbox"/> Citizen-Agency | <input type="checkbox"/> Juvenile Offenders | <input type="checkbox"/> School |
| <input type="checkbox"/> Family | <input type="checkbox"/> Landlord-Tenant | <input type="checkbox"/> Victim-Offender |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Neighbor to neighbor | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Other _____ | | |

Provide a brief description of the dispute/situation: _____

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

<p>MAIL TO: Community Mediation & Restorative Services, Inc. 9220 Bass Lake Road, Suite 270 New Hope, MN 55428</p>	<p>FAX TO: (763) 561-0266 EMAIL TO: staff@mediationprogram.com PHONE: (763) 561-0033</p>
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Providing opportunities to resolve conflicts effectively and respectfully.