



# Conflict Resolution Services

Mediation • Arbitration • Facilitation • Training

## REQUEST FOR MEDIATION IF ATTORNEYS HAVE BEEN RETAINED

Name: \_\_\_\_\_

Name of Atty/Rep: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**I have been referred to CRS for mediation by:** \_\_\_\_\_

### I have a dispute with:

Name: \_\_\_\_\_

Name of Atty/Rep: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### The nature of our dispute is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Enclosed is my non-refundable \$75.00 administration fee.

I understand that CRS will contact the person with whom I have a dispute and attempt to schedule a mediation session. Once the other person pays his non-refundable \$75.00 administration fee, CRS will assign a mediator who will be compensated at the rate determined by CRS and agreed to by the parties, and a mediation session will be scheduled.

**If I have any questions, I will contact the CRS Case Intake Coordinator at 231-941-5835.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Mail completed form and check to:

CRS • P.O. Box 1035 • 1022 E. Front Street • Traverse City, Michigan 49685-1035