



Conflict Resolution Services

Mediation • Arbitration • Facilitation • Training

REQUEST FOR MEDIATION

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

I have been referred to CRS for mediation by: _____

I have a dispute with:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

The nature of our dispute is:

Enclosed is my non-refundable \$35.00 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/her non-refundable \$35.00 administration fee, the mediation will be scheduled with a CRS volunteer.

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