**REQUEST FOR MEDIATION**

Your Name:

Address:

Telephone #:

E-Mail:

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

**I have a dispute with:**

Name(s):

Address:

Telephone #:

E-Mail:

**Our dispute is about:**

I understand that CRS will contact the person with whom I have a dispute and attempt to schedule a mediation session. If both parties agree to mediation and one is scheduled, the parties will each pay a $125.00 non-refundable administration fee to CRS prior to the mediation beginning.

**If you have any questions, please contact CRS at 231.941.5835 or** **info@crsmediationtc.org****.**

Sign: Date:

Print name: