



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: _____