

## REQUEST FOR MEDIATION

PRINT OR TYPE ALL INFORMATION

MUNICIPALITY \_\_\_\_\_

I hereby request mediation by the Community Dispute Resolution Program. I fully understand that the CDR Program is an alternative to formal court proceedings and if unable to resolve my dispute, I have the option of presenting this matter to a court of law.

Complainant's Name: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Relationship to Respondent  
(neighbor, friend, etc.): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Problem has existed since: \_\_\_\_\_

Complainant believes the dispute fits one or more of the following charges: (check)

- criminal mischief
- trespasses
- obstruct or harass
- creating disturbance
- noise complaints
- animal complaints
- defacement of property
- annoying phone calls
- neighborhood disputes
- merchant/customer disputes
- landlord/tenant disputes
- property disputes
- theft (first offense)\*
- larceny (first offense, under \$200)\*
- shoplifting (first offense)\*
- bad checks (first offense, under \$200)\*
- family disputes, except those that can be classified as domestic violence
- simple assaults (non-injury), except those that can be classified as domestic violence
- other \_\_\_\_\_

\* Mediation of these offenses must be approved by the Judge.

Explain what happened:

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In what town did this occur: \_\_\_\_\_

Was anyone injured? Yes/No

If yes, who? \_\_\_\_\_

What were the  
injuries? \_\_\_\_\_

Have you ever signed a complaint  
against this respondent before? Yes/No

If yes, give date and municipality: \_\_\_\_\_

Explain what happened: \_\_\_\_\_

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Signature of Complainant \_\_\_\_\_

Date \_\_\_\_\_

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**For Court Office Use - DO NOT MAKE ANY ENTRIES**

Mediation Case No.: \_\_\_\_\_ Date: \_\_\_\_\_

Self-Referred (1)  Lawyer Referred (5)  
 Municipal Court (2)  Police (6)  
 County Courthouse Personnel (3)  Other (specify: \_\_\_\_\_)  
 Social Service Agency (4)

Date of Hearing: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_

Witness(es) and/or  
Attorney for Complainant: \_\_\_\_\_

Mediator(s): \_\_\_\_\_