

## COMMUNITY DISPUTE RESOLUTION PROGRAM

## 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: \_\_\_\_\_

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