

**MEDIATION CLINIC APPLICATION**

Do you require accommodations for any known disability? \_\_\_\_\_  
If yes, please list (be specific as to extent of limitation and accommodation needed):  
\_\_\_\_\_

Date of Trial \_\_\_\_\_

Today's Date \_\_\_\_\_

Party Requesting Mediation \_\_\_\_\_

Small Claims Case No. \_\_\_\_\_

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Plaintiff: \_\_\_\_\_

Defendant: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Computer Access: Yes  or No

Computer Access: Yes  or No

**TYPE OF MEDIATION**

- \_\_\_ Landlord/Tenant      \_\_\_ Loan      \_\_\_ Property      \_\_\_ Repairs      \_\_\_ Disaster Relief
- \_\_\_ Redhibition      \_\_\_ Agriculture      \_\_\_ Family      \_\_\_ EEOC
- \_\_\_ Education      \_\_\_ Worker's Compensation      \_\_\_ Consumer Related Disputes
- \_\_\_ Other

Case Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The amount sued for: \_\_\_\_\_

**TO BE COMPLETED BY MEDIATOR**

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**SETTLEMENT**

\_\_\_ SETTLED – Terms: \_\_\_\_\_

\_\_\_ PARTIAL SETTLEMENT – Terms: \_\_\_\_\_

\_\_\_ NOT SETTLED      Party unwilling to mediate      Plaintiff \_\_\_\_\_      Defendant \_\_\_\_\_

Date, time, place of mediation: \_\_\_\_\_

Mediators: \_\_\_\_\_