

Request for Civil Mediation

Instructions:

1. Print out all pages of this form.
2. Fill out the form as completely as possible attaching additional pages where necessary (please type or print legibly). NOTE: The information provided is for the Mediator only, and will not be shared with any other party to the dispute.
3. Sign and date at the bottom where indicated.
4. Submit the completed form along with a copy of any Order of Reference to Mediation which has been issued in the matter by postal mail or facsimile transmission to...

Post Office Address:

The Law Office of Jonathan L. Stein
Two Brentwood Commons, Suite 150
750 Old Hickory Boulevard
Brentwood, TN 37027

Facsimile Number:

(615) 373-1582
Please include a cover sheet

5. Contact all other parties to the dispute, or their respective attorneys if represented, and ask that they also download, complete and submit a Request for Civil Mediation. Forms are available for download at www.jonsteinlaw.com. NOTE: Only one form must be submitted for a business entity, group or organization which is in essence only one party to the dispute.

Scheduling:

We will contact you to schedule a Pre-Mediation Conference after all parties have submitted a Request for Civil Mediation.

Pre-Mediation Conference:

A teleconference with all parties, or their attorneys if represented, shall be held prior to the first mediation session to gather background information, answer questions and set the date for the first session.

Preparation:

Please download the Mediation FAQ form available at www.jonsteinlaw.com and read through it carefully.

Request for Civil Mediation

Party Name: _____
Address: _____

Daytime Telephone: _____ Ext. _____
Email Address: _____

Does anyone else have access to this email account (check one)? Yes No

I am/We are (check one): an Individual a Business Entity/Group/Organization
If a Business Entity/Group/Organization, provide the following information ...

The Name(s) of the Agent(s)/Representative(s) that will attend Mediation:

<u>Name</u>	<u>Telephone</u>	<u>Ext.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of these Agent(s)/Representative(s) have the authority to execute a contract on behalf of the Business Entity/Group/Organization (check one)? Yes No

Briefly describe the nature of the dispute: _____

Do you have legal representation in this matter (check one)? Yes No
If Yes, provide the following information...

Attorney Name: _____ BPR #: _____
Firm: _____
Address: _____

Telephone: _____ Ext. _____
Facsimile: _____
Email: _____

Has this dispute been filed with any Court (check one)? Yes No
If Yes, provide the following information...

Court (include County): _____
Case/Docket number: _____
Date of filing: _____
Plaintiff(s): _____

Defendant(s): _____

Third-Parties: _____

Request for Civil Mediation

Cause(s) of Action: _____

Briefly describe the procedural history thus far: _____

Have any attempts been made to resolve the dispute (check one)? Yes No
If Yes, provide a brief description: _____

Has Mediation already been attempted (check one)? Yes No
If Yes, provide the following information...
Outcome (check one): Successful Partially Successful Unsuccessful
Mediator's Name: _____
Address: _____

Telephone: _____ Ext. _____
Email: _____

Is there a sum of money in dispute (check one)? Yes No
If Yes, provide the following information...
The approximate sum of money in dispute: \$ _____
Are you insured against loss for any portion of this sum (check one)? Yes No
If Yes, provide the following information...
Insurance Carrier: _____
Representative: _____
Telephone: _____ Ext. _____

Do you seek indemnification for any portion of this sum (check one)? Yes No
If Yes, provide the following information...
Indemnifier's Name: _____
Telephone: _____ Ext. _____
Describe any statutory or contractual subrogation interests/liens: _____

Describe all calculations for any Special Damages you seek: _____

Briefly describe any unusual points of law, medicine and/or science which may impact the outcome of this matter: _____

