



For office use only
CMS CASE NO:

HOUSING REFERRAL FORM

(TO: Community Mediation Services, Inc.)

Referring/Contact Person: _____

Phone: _____

File # _____

Fax: _____

Landlord/Tenant

Large group

Association

Tenant/Tenant

Other _____

Landlord/Contractor

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are the parties aware of the referral to mediation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have they agreed to mediate? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

People Involved:

| | |
|------------------|------------------|
| PARTY 1: | PARTY 2: |
| _____ Name | _____ Name |
| _____ Address | _____ Address |
| _____ Phone | _____ Phone |
| PARTY 3: | PARTY 4: |
| _____ Name | _____ Name |
| _____ Address | _____ Address |
| _____ Phone | _____ Phone |

TYPE OF DISPUTE:

Rent Payments

Security

Contractor

Noise

Harassment

Children's behavior

Shared Space

Association issues

Other _____

Repairs/Maintenance

Neighbor to Neighbor

Please use back of form for any additional parties and/or information.

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| <p>MAIL TO: Community Mediation Services, Inc. (formerly NHMP) (763)561-0033 9220 Bass Lake Road, Suite 270, New Hope MN 55428 FAX TO: (763) 561-0266</p> |
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