



# MEDIATION REQUEST FORM

For office use only  
CMS CASE NO:

Community  
Mediation  
Services, Inc.

### Screening:

- I live or work in Hennepin County. (If not, please go to [minnesotacommunitymediation.org](http://minnesotacommunitymediation.org))
- There is no history of domestic abuse among parties.

Please tell us how you found out about CMS: \_\_\_\_\_

### People Involved:

<p><b>MY CONTACT INFORMATION:</b></p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p><b>OTHER PARTY 2:</b></p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p>	<p><b>OTHER PARTY 1:</b></p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p><b>OTHER PARTY 3:</b></p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p>
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I am generally available  weekdays  evenings  weekends

### TYPE OF DISPUTE/SITUATION:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Business-Consumer | <input type="checkbox"/> Interpersonal        | <input type="checkbox"/> Property Issue  |
| <input type="checkbox"/> Citizen-Agency    | <input type="checkbox"/> Juvenile Offenders   | <input type="checkbox"/> School          |
| <input type="checkbox"/> Family            | <input type="checkbox"/> Landlord-Tenant      | <input type="checkbox"/> Victim-Offender |
| <input type="checkbox"/> Harassment        | <input type="checkbox"/> Neighbor to Neighbor |  |
| <input type="checkbox"/> Human Rights      | <input type="checkbox"/> Other _____          |  |

Provide a brief description of the dispute/situation: \_\_\_\_\_

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

**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**

*Providing opportunities to resolve conflicts effectively and respectfully.*