



# REQUEST FOR MEDIATION

You may file this form via email at [jls@cincybar.org](mailto:jls@cincybar.org), via fax at (513) 381-0528, or via U.S. mail at Cincinnati Bar Alternative Dispute Resolution, 225 East Sixth Street, Second Floor, Cincinnati, Ohio 45202-3209. If you have any questions please email us at [jls@cincybar.org](mailto:jls@cincybar.org)

**Name of Party 1** (Company, Organization or Person)

\_\_\_\_\_

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

\_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Name of Party 1 Representative** (if applicable)

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Name of Party 2** (Company, Organization or Person)

\_\_\_\_\_

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

\_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Name of Party 2 Representative** (if applicable)

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Telephone: \_\_\_\_\_

*(if additional parties, please use separate sheets)*

Have the parties agreed on a mediator?  Yes  No If yes, who: \_\_\_\_\_

If No:  We would like CBADR to appoint a mediator.  We would like CBADR to provide a list of mediators for rating.

Summary of Dispute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claim or Relief Sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate your preference for when the actual mediation conference be conducted:

within one week       within two weeks       within 30 days       later than 30 days

Specify dates: \_\_\_\_\_

Person submitting this request: \_\_\_\_\_ Email: \_\_\_\_\_

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