

JEFFERSON COUNTY MEDIATION SERVICES MEDIATION REQUEST FORM - CIVIL CASES

All cases must meet JCMS requirements in order to receive our services. We will review your request and contact you with the status.

Today's Date:	Co	ourt Case #		_
Amount in Dispute:	Judge/Magi	Judge/Magistrate:		
Court Ordered? Yes No_	Next sche	Next scheduled court date:		
BRIEF Description of Case (1,000	Characters or less):			
Please list ALL parties and their I am the Attorney for: Plair	,	e additional for Defendant	ms if needed):	
First Name:		Last Name:		
Hkto:				
Mailing Address:		City:	State:	Zip:
Phone: E-	mail address:			
(If different from above) Contact:		at		for scheduling.
My client is: Plaintiff	Defendant			
First Name:		Last Name:		
Hkto:				
Address:	C	ity:	State:	Zip:
Home Phone:	Mobile Phone:		Work Phone:	
E-mail address:				
(If different from above) Contact:				

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Party #3 is:	Plaintiff	Defendant	Attorney		
First Name:		Last Name:			
Firm:					
				State:	
Home Phone:		_ Mobile Phone:		Work Phone:	
E-mail address:					
(If different from	m above) Contact: _		at		for scheduling.
Party #4 is:	Plaintiff	Defendant	Attorney		
First Name:			Last Name:		
Firm:					
				State:	
Home Phone:_		_ Mobile Phone:		Work Phone:	
E-mail address:					

Additional Information: