
**JEFFERSON COUNTY MEDIATION SERVICES
MEDIATION CASE REFERRAL**

TO: Program Administrator **DATE:** _____
Jefferson County Mediation Services
700 Jefferson County Parkway, Suite 220, Golden, CO 80401
271-5060, Fax 271-5064

REFERRED BY: Office of the District Attorney, First Judicial District
Consumer Fraud Unit
500 Jefferson County Parkway
Golden, CO 80401-6020
(303) 271-6931; Fax (303) 271-6900

CONFLICT SUMMARY

DISPUTANTS #1

Names and telephone numbers of disputants. If more than three, list the three major contacts; indicate in the box to the right that more are involved. More than three involved? (Circle one) Yes No

Has been contacted
about mediation
 Yes No

Name(s)

Address

Home Phone

Work Phone

Message/Pager

#2

Has been contacted
about mediation
 Yes No

Name(s)

Address

Home Phone

Work Phone

Message/Pager

JCMS Staff Use Only

ASSIGNMENT Case No. _____ Date _____
Mediator _____ Co-Mediator _____
Phones _____ Phones _____

Notes: _____
