



Jefferson County Mediation Services

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Mediation Summary Report

To be completed by Mediator for review by Program Administrator and placement in Confidential Case File

JCMS Case #	Date:
Lead Mediator:	Co-Mediator:
Parties plan to meet again: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date & Time of next meeting:
Agreement/MOU completed and signed (check one): <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date Agreement/MOU signed:
All parties have been given a copy of the agreement: <input type="checkbox"/> YES <input type="checkbox"/> NO	Notes regarding agreement:

Brief Summary of Case: