



**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: _____ Court Case # _____

Amount in Dispute: _____ Judge/Magistrate: _____ Division _____

Court Ordered? Yes _____ No _____ Next scheduled court date: _____

BRIEF Description of Case (1,000 Characters or less):

Please list ALL parties and their counsel, if any (use additional forms if needed):

I am the Attorney for: **Plaintiff** **Defendant**

First Name: _____ Last Name: _____

Hto : _____

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: _____

Hto : _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

E-mail address: _____

(If different from above) Contact: _____ at _____ for scheduling.

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