

REQUEST FOR MEDIATION FORM



NAME: _____

HOME TELEPHONE: _____ CELL PHONE: _____

WORK TELEPHONE: _____ EMAIL: _____

WHERE DO YOU LIVE? BROOKLYN MANHATTAN OTHER: _____

BRIEFLY DESCRIBE THE SITUATION YOU ARE INTERESTED IN MEDIATION FOR:

IS THERE ANYTHING THAT YOU WOULD LIKE US TO BE AWARE OF WHEN CALLING YOU? (FOR EXAMPLE: NOT LEAVING MESSAGES OR EXPLAINING TO THE PARTY ANSWERING THE PHONE WHAT WE ARE CALLING ABOUT.)

WHAT IS YOUR RELATIONSHIP TO OTHER PERSON? BE SPECIFIC: (EXAMPLE NEIGHBOR, FAMILY MEMBER)

HOW SHOULD WE CONTACT YOU?: CELL PHONE HOME PHONE EMAIL OTHER: _____

BEST DAY TO CONTACT YOU: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

BEST TIME TO CONTACT YOU: MORNING AFTERNOON EVENING SPECIFIC TIME: _____