

REQUEST FOR VOLUNTARY SMALL CLAIMS MEDIATION

Date of Request: _____

Have you filed in Conciliation Court? No Yes File# _____ (Please attach)

Party Requesting Mediation

PARTY 1:

Name

Address

Daytime Phone

Cell Phone

Available Dates and times in the next two weeks

PARTY 2:

Name

Address

Daytime Phone

Cell Phone

Available Dates and times in the next two weeks

Non-filing Party Information

PARTY 3:

Name

Address

Phone

PARTY 4:

Name

Address

Phone

I will need a translator for the mediation. Language _____

Send to: **CMS**
9220 Bass Lake Road
Suite 270
New Hope, MN 55428

Fax (763) 561-0266

CRC
2101 Hennepin Ave. S
Suite 100
Minneapolis, MN 55405

Fax (612) 822-9890