

**MEDIATION SCHEDULING REQUEST FORM**

*"We conduct mediations in Spanish"*

Date: \_\_\_\_\_

**PARTY REQUESTING MEDIATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cause No./Style/Court \_\_\_\_\_

Trial Date: \_\_\_\_\_

**OPPOSING COUNSEL CONTACT INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TYPE OF MEDIATION**

- Full Day Mediation (9:30 A.M. - 5:30 P.M.) - Lunch Included
- Morning Mediation (9:30 A.M. - 1:30 P.M.)
- Afternoon Mediation (1:30 P.M. - 5:30 P.M.)

**REQUESTED MEDIATION DATES**

_____	_____
_____	_____
_____	_____
_____	_____

*Please fax this form to (713) 961-0638*