



## Mediation Rescheduling Form

### **STEP ONE**

Civil Action #: \_\_\_\_\_ County: \_\_\_\_\_  
Style of Case: \_\_\_\_\_ vs \_\_\_\_\_

### **STEP TWO**

#### *Originally Scheduled Mediation Session*

Name of Mediator: \_\_\_\_\_ Location of Mediation: \_\_\_\_\_  
Date of Mediation: \_\_\_\_\_ Time of Mediation: \_\_\_\_\_

### **STEP THREE**

#### *Rescheduled Mediation Session*

Name of Mediator: \_\_\_\_\_ Location of Mediation: \_\_\_\_\_  
Date of Mediation: \_\_\_\_\_ Time of Mediation: \_\_\_\_\_

### **STEP FOUR**

No unilateral scheduling is permitted. **By signing below, I am stating that the choice of mediator, date, time, and location listed above is the result of a mutual decision made between Plaintiff(s), Defendant(s), and Mediator.**

Print Name: (Last, First MI) \_\_\_\_\_ Attorney Office \_\_\_\_\_

**Signature Required** \_\_\_\_\_ / Date \_\_\_\_\_ Phone \_\_\_\_\_

Please give a brief description of any special circumstances. \_\_\_\_\_

It is essential that copies of all documents bearing on issues to be resolved be brought to the mediation session (financial, medical, business, etc.)

**If you are choosing a new mediator, you are responsible for canceling with original mediator within forty-eight (48) hours of scheduled mediation session.**

*Services are provided and admissions/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age or national origin. Complaints of discrimination may be filed with the Seventh Administrative District Office.*