



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 number

*******Please indicate the reason for rescheduling:**

NOTE: It is essential that copies of all documents necessary to assist in the resolution of the case be brought to the mediation session (i.e. financial affidavits etc.)