



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.