

MEDIATION NOTIFICATION FORM

Today's Date: _____

Individuals requesting mediation and other parties who have agreed to participate in mediation.

Name: _____

Tel: _____ UMC: _____

Name: _____

Tel: _____ UMC: _____

Name: _____

Tel: _____ UMC: _____

Name: _____

Tel: _____ UMC: _____

All parties to the mediation and the assigned mediator(s) have agreed to meet for an initial mediation session at the following date, time and location:

Mediation DATE: _____

Mediation TIME: _____

Mediation LOCATION: _____