



COMMUNITY MEDIATION QUESTIONNAIRE

You must fill out this form *completely* and return it to UDR before we can schedule a mediation appointment for you. Send to Utah Dispute Resolution, The Law and Justice Center, 645 South 200 East, SLC, UT 84111

Name: _____ Home phone #: (____) _____

Address: _____ Cell phone #: (____) _____

_____ Work phone#: (____) _____

Attorney's Name: _____ Will your attorney be at mediation? _____ Yes _____ No

Attorney Phone #: (____) _____ ex _____ Address: _____

Information to Contact Other Party in the Dispute

Name: _____ Home phone #: (____) _____

Address: _____ Cell phone #: (____) _____

_____ Work phone#: (____) _____

What concern(s) bring(s) you to mediation?

What do you hope to accomplish through mediation?

What request(s) do you have of the other party?

If money is a consideration, how much is involved is the dispute? _____

When can you mediate? Please indicate all days and times you will make yourself available.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____