

**REQUEST FOR MANDATORY MEDIATION**  
**RE: Farmer/Creditor** (Code of Iowa, Section 654A.11)

FOR IMS USE ONLY:

Date Received: \_\_\_\_\_

Case #: \_\_\_\_\_

**REQUESTING PARTY IS TO COMPLETE AND RETURN BY CERTIFIED MAIL TO:**

**Iowa Mediation Service  
1025 Ashworth Road, Suite 504  
West Des Moines, IA 50265  
515/331-8081**

DATE MAILED: \_\_\_\_\_

**Requesting Creditor** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Loan Number(s) \_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ City/State/Zip \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**◆Borrower Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**◆Borrower Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**◆Borrower Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**NOTE:** If more room is required for the listing of borrowers, attach a separate sheet.

County location of Collateral \_\_\_\_\_

If the above property is under the control of a **third party**, supply the following information for that party:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Are any of the above-named borrowers **currently in bankruptcy**? \_\_\_ No \_\_\_ Yes

**If yes\*:** \_\_\_ Chapter 7 \_\_\_ Chapter 11 \_\_\_ Chapter 12 \_\_\_ Other \_\_\_\_\_

**\*Attach supporting information which allows creditor to proceed with mandatory mediation request.**

cc: borrower(s)