

REQUEST FOR MANDATORY MEDIATION
RE: Nuisance Mediation (Code of Iowa, Section 657.10)

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 400
West Des Moines, IA 50265
515/331-8081

DATE MAILED: _____

REQUESTING PARTY _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Contact Person _____

Address _____

Telephone _____

Attorney's Name and Address _____

Supply the following information for the person with whom you wish to mediate:

NAME _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Describe the location of alleged nuisance – include specifics about the site – address, township, and section. Failure to provide complete information may **delay or prevent** the processing of this case. If there are multiple sites and parties, please list each site and party. If the party or parties you wish to mediate with have an attorney, please provide the name and address of the attorney. _____

Give a brief summary of the nature of this dispute, including a description of the acts, which are alleged to be creating the nuisance -- failure to provide complete information may prevent the processing of the case.

If more space is needed for any of the above information, please attach additional sheets of paper.

The Iowa Mediation Service will assist you in preparing for mediation, for assistance call 515 331-8081.