

REQUEST FOR VOLUNTARY MEDIATION

Date Received _____

Case Number _____

REQUESTING PARTY IS TO COMPLETE THIS FORM AND RETURN TO:

IOWA MEDIATION SERVICE, INC.

1025 Ashworth Road, Suite 400

West Des Moines, IA 50265

(515) 331-8081

(515) 331-8085 (fax)

1-877-622-4866

DATE MAILED: _____

REQUESTING PARTY _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

The above-named party(ies) request Voluntary Mediation with the following:

NAME _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

NAME _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

For an initial phone consultation regarding the mediation process and how to decide if mediation may be useful in your circumstance, call our staff at the regional IMS office in _____ at _____. There is no charge for this initial consultation.

Each above-named party will be charged a fee of \$50.00 for each hour of mediation. Payment is to be made at the conclusion of the mediation session by check, cash, or pre-approved voucher.