**REQUEST FOR MANDATORY MEDIATION** FOR IMS USE ONLY:

**RE: Farmer/Creditor** (Code of Iowa, Section 654A) Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Request Code (SIC):

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

**Iowa Mediation Service**

**1441 29th St., Suite 120**

**West Des Moines, IA 50266**

**(515) 331-8081**

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

**Requesting Creditor**

Street Address

City State Zip

Telephone Contact Person

Loan Number(s) Street Address

 City/State/Zip

 Telephone

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Borrower Name**

Street Address

City State Zip

Telephone Email Address

**Borrower Name**

Street Address

City State Zip

Telephone Email Address

**Borrower Name**

Street Address

City State Zip

Telephone Email Address

**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

Is this a USDA-guaranteed loan? \_\_\_\_No \_\_\_\_Yes

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

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

cc: borrower(s)