GENERAL MEDIATION REQUEST
RE: Elective Mediation

FOR IMS USE ONLY:
Date Received_____
Service ID Code (SIC)_____

REQUESTING PARTY IS TO COMPLETE AND RETURN TO:

admin@iowamediationservice.com

IOWA MEDIATION SERVICE
1441 29th Street, Suite 120
West Des Moines, IA 50265
Phone: 515-331-8081

DATE SUBMITTED: _____

REQUESTING PARTY_____
Street Address_____
City_____State_____Zip _____
Telephone_____ Email Address _____

REQUESTING PARTY_____
Street Address_____
City_____State_____Zip _____
Telephone_____ Email Address _____

Hereby requests mediation with:

RESPONDING PARTY_____
Street Address_____
City_____State_____Zip _____
Telephone_____ Email Address _____

RESPONDING PARTY_____
Street Address_____
City_____State_____Zip _____
Telephone_____ Email Address _____

Brief description of dispute: (attach additional pages/paperwork if desired)

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