REQUEST FOR MEDIATION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
MEDIATION SERVICE
SFN 51122 (11-2016)

Return This Form To:

ND Department of Agriculture
Mediation Service
600 E Boulevard Ave - Dept 602
Bismarck, ND 58505-0020
Telephone: 701-328-4158
Toll Free: 1-844-642-4752
Fax: 701-328-4567
Email: ndms@nd.gov

SECTION 1. Mediation is being requested by:

Name		Company		
Address (Street or Box)		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-mail Address		

SECTION 2. Mediation is requested with:

Name of Primary Contact Person		Company		
Address (Street or Box)		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-mail Address		

SECTION 3. Issues to be mediated:

SECTION 4. (Please complete this and the Mediation Party Listing on the back side if mediation is requested.)

I, hereby request assistance under the provisions of NDCC Chapter 6-09.10, relating to the North Dakota Mediation Service which is certified by the United States Secretary of Agriculture as the State's Agricultural Mediation Service under the provisions of Section 501(c) of the Agricultural Credit Act of 1987 (public law 100-233), as amended.

The Credit Review Board has adopted a policy of confidentiality regarding all information and/or meetings associated with this request.

Signature of Person from Section 1	Company	Date
Signature of Person from Section 2	Company	Date

SECTION 5. (Complete only if mediation is being rejected)

I, do not wish to participate in the mediation program. (Section 2 ONLY).

Signature	Company	Date

Section 4. (If mediation is requested, this section must be completed) Please list all persons you believe should attend the mediation in the space provided below. **You must provide complete names, addresses and phone numbers.**

Type or print clearly.

Name		
Address		
City	State	ZIP Code
Telephone Number		
E-mail Address		

Name		
Address		
City	State	ZIP Code
Telephone Number		
E-mail Address		

Name		
Address		
City	State	ZIP Code
Telephone Number		
E-mail Address		

Name		
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City	State	ZIP Code
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Name		
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City	State	ZIP Code
Telephone Number		
E-mail Address		

Name		
Address		
City	State	ZIP Code
Telephone Number		
E-mail Address		

(Use Additional Sheet if Necessary)