

**PRINCE GEORGE'S COUNTY
COMMUNITY MEDIATION AND CONFLICT RESOLUTION COLLABORATIVE
(CMCRC)
MEDIATION REQUEST FORM**

Participant: _____

Address _____

Age: _____

Contact Information:

Home: _____

Work: _____

Cell/pager: _____

Email: _____

Participant: _____

Address: _____

Age: _____

Contact Information:

Home: _____

Work: _____

Cell/pager: _____

Email: _____

What is the nature of your dispute?

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Parent/ Teen | <input type="checkbox"/> Employment | <input type="checkbox"/> Business |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Roommates | <input type="checkbox"/> Consumer | <input type="checkbox"/> Landlord/ Tenant |
| <input type="checkbox"/> Community Assn. | <input type="checkbox"/> Parenting Plan | <input type="checkbox"/> School | <input type="checkbox"/> Other |

Signature

Date

How did you hear of our service?

- | | | |
|--|--|--|
| <input type="checkbox"/> Office of Child Support | <input type="checkbox"/> Police | <input type="checkbox"/> Prince George's County Court System |
| <input type="checkbox"/> Community Presentation | <input type="checkbox"/> Church | <input type="checkbox"/> Home Owner's Association |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other _____ |

Please mail, fax, or deliver this form to the Office of Community Relations at:

County Administration Building
14741 Governor Oden Bowie Drive – Room L202
Upper Marlboro, MD 20772
Phone: (301) 952-4729 **Fax:** (301) 952-4244

FOR OFFICE USE ONLY

Scheduled Mediation Date: _____ Location: _____ Time: _____

Mediator(s): _____ Telephone: _____