

**Community Mediation Prince George's
(CMPG)
MEDIATION REQUEST FORM**

Requesting Participant: _____

Responding Participant: _____

Address: _____

Address: _____

Age: _____ Sex (circle one): M F

Age: _____ Sex (circle one): M F

Contact Information:

Contact Information:

Home: _____

Home: _____

Work: _____

Work: _____

Cell/pager: _____

Cell/pager: _____

Email: _____

Email: _____

What is the nature of your dispute?

- | | | | |
|---------------------|--------------------|----------------|----------------------|
| ___ Family | ___ Parent/ Teen | ___ Employment | ___ Business |
| ___ Neighbor | ___ Roommates | ___ Monetary | ___ Landlord/ Tenant |
| ___ Community Assn. | ___ Parenting Plan | ___ School | ___ Other _____ |

Signature

Date

How did you hear of our service?

- | | | |
|-----------------------------|-------------------|---|
| ___ Office of Child Support | ___ Police | ___ Prince George's County Court System |
| ___ Community Presentation | ___ Church | ___ Home Owner's Association |
| ___ Brochure | ___ Word of Mouth | ___ Other _____ |

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

County Administration Building
14741 Governor Oden Bowie Drive, 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: _____