**Community Mediation Referral Form**

This form is to be used by organizations and individuals wishing to refer a conflict to mediation services provided by the community mediation centers in Maryland. To make a referral, check with at least one of the participants to make sure they want the case to go to mediation.

You can locate the center serving your jurisdiction at: [http://www.mdmmediation.org/centers](http://www.mdmmediation.org/centers)

Please complete this form and fax or e-mail it to the center in your jurisdiction. If you have general question, please call Community Mediation Maryland at 301-270-9700.

<table>
<thead>
<tr>
<th>Referrer’s Name: ___________________________________________</th>
<th>Phone: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/Agency: _________________________________________</td>
<td>Fax: ____________________</td>
</tr>
<tr>
<td>e-mail: __________________________________________________</td>
<td>Request for follow-up on status of mediation case? Yes___ No___</td>
</tr>
</tbody>
</table>

**Today’s Date:** ____________________________

Brief description of the conflict:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Participant #1:**
Name: ____________________________ Has this person agreed to try mediation? _____
Address: ____________________________

Telephone: ____________________________ e-mail: ____________________________

**Participant #2:**
Name: ____________________________ Has this person agreed to try mediation? _____
Address: ____________________________

Telephone: ____________________________ e-mail: ____________________________

Other pertinent information:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________