

## 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.mdmediation.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.

Referrer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Request for follow-up on status of mediation case? Yes \_\_\_ No \_\_\_

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: \_\_\_\_\_

---

---

---