REQUEST FOR MEDIATION BERKS COUNTY BAR ASSOCIATION CIVIL DISPUTE RESOLUTION PROGRAM

Date:				
1. Party submitting request for mediation.				
Name:				
Address:				
Telephone Number:				
Fax Number and Email:				
() Plaintiff () Defendant Other				
If you are being defended pursuant to an insurance contract, state the name of the insurance company:				
Name of legal counsel or insurance adjustor:				
Firm name of legal counsel or office of adjustor:				
Address:				
Telephone Number:				
Fax Number and Email:				
2. Other parties.				
Name:				
Address:				
Telephone Number:				
Fax Number and Email:				
() Plaintiff () Defendant Other				

If you are being defended pursuant to an insurance contract, state the name of the insurance company:				
Name of legal counsel or insurance adjustor:				
Firm name of legal counsel or office of adjustor:				
Address:				
Telephone Number:				
Fax Number and Email:				
[To the extent there are more than two parties, please attach a separate sheet of paper setting forth the same information for all parties to the action.]				
3. Brief description of the claim and amount of damages at issue.				
4. Have the formal Court pleadings been filed in this case?				
() Yes () No				
If so, please set forth any discovery deadlines, arbitration dates, and/or trial dates currently pending, as well as the Court docket number and Judge assigned.				

	The mediation may be concluded by the drafting by the parties of a g the dispute. Please state below who will be present at the mediatio ing written agreement, and identify that person's capacity and author	n with authority to enter into	
6.	Submission of request to mediate.		
Please forward this form along with the initial fee of \$950.00 made payable to the Berks County Bar Association, representing a \$200.00 administrative fee to the Bar Association and a \$750.00 initial mediator fee.			
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	Berks County Bar Association P.O. Box 1058 Reading, PA 19603-1058		
		REV. 6/2012	