

BYU Center for Conflict Resolution  
**REQUEST FOR MEDIATION**

**For Office Use Only**

Case No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Caseworker: \_\_\_\_\_

**Petitioner:**

\_\_\_\_\_  
Name BYU I.D. Number, if applicable

Affiliation:  BYU Student  BYU-approved landlord  BYU Staff/Faculty  Off-Campus Business  Other \_\_\_\_\_

\_\_\_\_\_  
Current Mailing Address City State Zip

\_\_\_\_\_  
Permanent Home Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone Cell Phone Email

\_\_\_\_\_  
Please specify where you can be reached Mon.-Fri.

\_\_\_\_\_  
Please specify when you are available for mediation Mon.-Fri.

**The person named above hereby requests the mediation services of the BYU Center for Conflict Resolution with the following person:**

**Other Party:**

\_\_\_\_\_  
Name BYU I.D. Number, if applicable

Affiliation:  BYU Student  BYU-approved landlord  BYU Staff/Faculty  Off-Campus Business  Other \_\_\_\_\_

\_\_\_\_\_  
Current Mailing Address City State Zip

\_\_\_\_\_  
Permanent Home Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone Cell Phone Email

**Before submitting this request for mediation, be sure you:**

- Make a good faith effort to settle with the other party. Approximate date(s): \_\_\_\_\_
- Attach a copy of any contracts and other documents important to this matter.
- Read our brochure "*Mediation: Assistance in Negotiating Disputes*" and understand the mediation process and agree to the rules that apply to mediation.

**Please indicate how you became aware of the BYU CCR mediation services:**

- BYU Off-Campus Housing  Honor Code Office  Word of mouth  CCR brochures
- Newspaper ad  Poster  CCR website  Other: \_\_\_\_\_

(Continued on the back.)

