

**DAUPHIN COUNTY BAR ASSOCIATION  
CIVIL DISPUTE RESOLUTION PROGRAM**

**REQUEST FOR MEDIATION**

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:

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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. **[If additional space is needed, please attach additional pages as required]**

4. Have any formal Court pleadings been filed in this dispute?

Yes

No

If so, please list all operative pleadings, pending dispositive motions and/or petitions, discovery deadlines, arbitration and/or trial dates, as well as the Court docket number and Judge assigned.

5. The mediation may be concluded by the drafting by the parties of a binding written agreement settling the dispute. Please state below who will be present at the mediation with authority to enter into a binding written agreement, and identify that person's capacity and authority.

6. Submitting Party Signature: \_\_\_\_\_

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

**Please forward this Form, a fully executed copy of the Mediation Agreement, and the Mediation fee of \$950.00 made payable to the Dauphin County Bar Association, representing a \$200.00 administrative fee to the Bar Association and a \$750.00 initial Mediator fee to:**

**Civil Dispute Resolution Program  
Dauphin County Bar Association  
213 N. Front Street  
Harrisburg, PA 17101  
Attention: Executive Director**

FOR DCBA USE ONLY

Date Assigned \_\_\_\_\_

Mediator \_\_\_\_\_

Settlement Achieved [ ] Yes [ ] No