

COMMUNITY MEDIATION

(All personal information provided in this application form will be treated in confidence and used for administrative purposes relating to the mediation application and hearing.)

I, (full name)

of

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.....
.....

(full address)

Phone No. E-mail:

wish to apply to use the Community Mediation Service to help me resolve my dispute with:

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.....

(full name and address of other party)

Please summarise, in no more than 500 words, the nature of your dispute
(A separate sheet of paper may be used.)

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By signing this form I agree that:

(i) I have read and understood the content of the Community Mediation leaflet;

(ii) In order to assist with the administration of the mediation –

(a) my name and the subject of the dispute can be provided to the other party referred to above;

(b) if a mediation is agreed, my name, address and e-mail details and description of the dispute can be provided, on a confidential basis, to the mediator who will assist at the mediation before the date of the mediation; and

(iii) I agree to pay the non-refundable £20 cost for the mediation at the beginning of the mediation.

Signed:

Name of applicant:

Date:

Please return this application form to:

Citizens Advice Jersey

St. Paul's Community Centre

New Street

St. Helier

JE2 3WP

Tel: 01534 724942