**REQUEST FOR MEDIATION**

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| --- | --- |
| Date |  |

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| --- | --- | --- | --- |
| Requesting Party |  | | |
| Primary Phone |  | Email |  |
| Address |  | City/State/ZIP |  |

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| --- | --- | --- | --- |
| Other Party |  | Contact |  |
| Primary Phone |  | Email |  |
| Address |  | City/State/Zip |  |

Please give a short overview of the situation to date and your role with your respective organization.

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What do you think are the main issues in this dispute?

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What is your ideal outcome, or what would you like to see come out of the mediation session?

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What do you think may be the biggest obstacles to overcome?

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Is there any other information you would like to share with the mediator prior to the mediation?

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**If assistance is required, contact:**

Marty Earnheart

Mediation Program Manager

Montana Department of Agriculture

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