

FRANKLIN COUNTY MUNICIPAL COURT
PRE-FILE MEDIATION REQUEST- FOR MEDIATION DEPARTMENT USE ONLY

Date: _____ **NOTE: Do not use this form to request mediation on a pending court case.**

Claimant(s): Enter name(s) and addresses

1) _____
 Name

Street Address

City State ZIP Code

Telephone No.

Email Address

2) _____
 Name

Street Address

City State ZIP Code

Telephone No.

Email Address

Respondent(s): Enter name(s). Do not provide Respondent address here. You will provide Respondent address information on the "Letter to Respondent".

1) _____
 Name

2) _____
 Name

*****ATTENTION: Our Mediation Department DOES NOT mediate domestic relations issues. If you have a dispute regarding custody, divorce, or juvenile issues, please contact the Franklin County Court of Common Pleas, Division of Domestic Relations and Juvenile Branch at 614-525-6640.**

AMOUNT OF CLAIM \$ _____ and / or _____

NATURE OF CLAIM [Check the appropriate box(es)]

- | | | |
|--|--|---|
| <input type="checkbox"/> Money due on account | <input type="checkbox"/> Faulty home repair | <input type="checkbox"/> Wages or Salary |
| <input type="checkbox"/> Money lent | <input type="checkbox"/> Faulty auto repair | <input type="checkbox"/> Roommate Dispute |
| <input type="checkbox"/> Damage to motor vehicle | <input type="checkbox"/> Faulty goods or services | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Damage to personal property | <input type="checkbox"/> Fraud / Misrepresentation | <input type="checkbox"/> Security Deposit |
| <input type="checkbox"/> Damage to real property | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Other _____ |

Notes: _____

Do you have a personal relationship with any Respondent(s)?	<input type="checkbox"/> Yes, Describe: _____ <input type="checkbox"/> No
Are you comfortable with direct contact with the Respondent(s) (for example, sitting in the same room/being on the same phone call/ being in the same online chat space)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a temporary restraining order or protection order between the parties or do you have safety concerns? If you answer "yes", you must ALSO complete the questions on the back of this page.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need an interpreter? ¿Necesita un intérprete? 你是否需要翻译员? Ma u baahan tahay turjubaan ?	<input type="checkbox"/> Yes, language: _____ <input type="checkbox"/> No

Mediation is an option to resolve a dispute outside of a courtroom. However, there are some situations where mediation in the FCMC mediation program may not be the right fit. Please answer the following questions to help us assist you.

1. Do you feel that you are in immediate danger right now?

Yes _____ No _____

(If you answer “yes” to this question, mediation is not appropriate in our program. If you are experiencing domestic violence or stalking, please call 614-645-7483 for the City Prosecutor. To view contact information for other agencies, visit https://publicsafety.ohio.gov/links/ocjs_DVPocket_Franklin.pdf)

2. Why do you want to mediate?

3. In mediation, it is up to each party to share his/her own wishes and make his/her own decisions. Do you believe you will feel safe to make your own decisions/share your own wishes throughout mediation?

Yes _____ No _____

4. There is no guarantee the parties will be able to reach agreement through mediation, since it is up to the parties, and not the mediator, to decide if agreement is possible. If mediation results in no agreement, do you believe it will make things worse between you and the other party?

Yes _____ No _____

5. Do you have any pending court case(s) or previously resolved court case(s) with the other party?

Yes _____ No _____

If yes, provide case number: _____

6. How will the mediator know if you are uncomfortable during the mediation?

7. Have you had any physical confrontations with the other party?

Yes _____ No _____

8. Has the other party ever caused you to feel threatened or harassed?

Yes _____ No _____

Please provide the best contact information where a staff member can contact you, should further follow up be necessary: _____

