



REQUEST FOR MEDIATION
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 MEDIATION SERVICE
 SFN 51122 (11-2016)

Return this form to:
 ND Department of Agriculture
 Mediation Service
 600 E Boulevard Ave - Dept 602
 Bismarck, ND 58505-0020
 Telephone: 701-328-4158
 Toll Free: 1-844-642-4752
 Fax: 701-328-4567
 Email: ndms@nd.gov

SECTION 1. Mediation is being requested by:

| | | | | |
|-------------------------|-------------------|---------------|-------|----------|
| Name | | Company | | |
| Address (Street or Box) | | City | State | ZIP Code |
| Telephone Number | Cell Phone Number | Email Address | | |

SECTION 2. Mediation is requested with:

| | | | | |
|--------------------------------|-------------------|---------------|-------|----------|
| Name of Primary Contact Person | | Company | | |
| Address (Street or Box) | | City | State | ZIP Code |
| Telephone Number | Cell Phone Number | Email Address | | |

SECTION 3. Issues to be mediated:

SECTION 4. (Complete this and the Mediation Party Listing on the back side if mediation is requested.)

I, hereby request assistance under the provisions of NDCC Chapter 6-09.10, relating to the North Dakota Mediation Service which is certified by the United States Secretary of Agriculture as the State's Agricultural Mediation Service under the provisions of Section 501(c) of the Agricultural Credit Act of 1987 (public law 100-233), as amended.

The Credit Review Board has adopted a policy of confidentiality regarding all information and/or meetings associated with this request.

| | | |
|------------------------------------|---------|------|
| Signature of Person from Section 1 | Company | Date |
| Signature of Person from Section 2 | Company | Date |

SECTION 5. (Complete only if mediation is being rejected).

I, do not wish to participate in the mediation program. (Section 2 ONLY).

| | | |
|-----------|---------|------|
| Signature | Company | Date |
|-----------|---------|------|

Section 4. (If mediation is requested, this section must be completed) Please list all persons you believe should attend the mediation in the space provided below. **You must provide complete names, addresses and phone numbers.**

Type or print clearly.

| | | |
|------------------|-------|----------|
| Name | | |
| Address | | |
| City | State | ZIP Code |
| Telephone Number | | |
| Email Address | | |

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|------------------|-------|----------|
| Name | | |
| Address | | |
| City | State | ZIP Code |
| Telephone Number | | |
| Email Address | | |

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| Name | | |
| Address | | |
| City | State | ZIP Code |
| Telephone Number | | |
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| Name | | |
| Address | | |
| City | State | ZIP Code |
| Telephone Number | | |
| Email Address | | |

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| Name | | |
| Address | | |
| City | State | ZIP Code |
| Telephone Number | | |
| Email Address | | |

(Use Additional Sheet if Necessary)