

**GALLIPOLIS MUNICIPAL COURT, GALLIA COUNTY
MEDIATION PROGRAM**

DATE: _____

Claimant(s)

Respondent(s)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Amount Claimed: _____

Nature of Claim (Check appropriate lines)

Money due on account

Money lent

Security deposit

Rent

Damage to real property

Damage to personal property

Faulty repair work

Dishonored check

Wages/Salary/Commission

Damage to motor vehicle

Personal injury

Faulty goods or services

Tax/Utilities

Fraud/Misrepresentation

Other

CLAIMANT'S STATEMENT

Your case has been selected for mediation. Although mediation will allow you to fully present your side of the dispute which gave rise to the mediation, you will not need to worry about bringing evidence or witnesses to prove your case. All you are encouraged to bring is an open mind and a determination to resolve your problem. The mediation process will simply provide a forum for the parties to openly discuss the matter in productive fashion that will hopefully lead to an agreement so the time and expense of a court proceeding can be avoided.

You will find the date and time of your mediation below on the space provided. It is important that you appear for mediation on time (we recommend that you arrive about 10 minutes early) so both parties can have a full opportunity to be heard. The mediation will take place at the Gallipolis Municipal court located at 518 Second Avenue, Gallipolis, Ohio 45631. Upon arrival, please check in with the Clerk. Your mediation will take place with the mediator assigned to your case.

If you have any questions, please call (740) 446-9400.

YOUR MEDIATION IS SCHEDULE FOR: _____