

**MUSKINGUM COUNTY COURT  
MEDIATION PROGRAM**

DATE: \_\_\_\_\_

MEDIATION NO: \_\_\_\_\_

CLAIMANT#1

RESPONDENT#1

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

CLAIMANT#2

RESPONDENT#2

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Amount Claimed:** \_\_\_\_\_

Nature of Claim (Check appropriate line(s):

- Money due on account
- Security deposit
- Damage to real property
- Faulty repair work
- Wages/salaries/commissions
- Personal injury
- Taxes/utilities

- Money lent
- Rent
- Personal property damage
- Motor vehicle damage
- Dishonored check
- Faulty goods or services
- Fraud/misrepresentation

Other: \_\_\_\_\_

**Claimant's Statement**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use reverse side if necessary

<b>For Mediator's Use Only</b>
<b>Result:</b> _____
_____
_____
_____
<b>Mediator:</b> _____
_____
_____
_____