

**FEDERAL MEDIATION PROGRAM
EASTERN DISTRICT OF TENNESSEE**

_____ v.

Docket No. _____

Type of Case _____

(Indicate number from Item V "Nature of Suit" from the Civil Cover Sheet Form JS 44).

APPLICATION FOR MEDIATION

INFORMATION ABOUT 1ST PARTY:

Name:

First

Middle

Last

Street Address: _____

City, state, zip code: _____

Age: _____

Home phone: _____

Work phone: _____

Attorney's name: _____

Work phone: _____

Please identify the principals for any closely held corporation, identify all partners of a general partnership, identify the general partner of any limited partnership and all principals of any limited liability company involved in the mediation.

INFORMATION ABOUT 2ND PARTY:

Name:

First

Middle

Last

Street Address: _____

City, state, zip code: _____

Age: _____

Home phone: _____

Work phone: _____

Attorney's name: _____

Work phone: _____

Please identify the principals for any closely held corporation, identify all partners of a general partnership, identify the general partner of any limited partnership and all principals of any limited liability company involved in the mediation.

PLEASE PROVIDE INFORMATION ON ANY OTHER PARTIES INVOLVED IN MEDIATION:

(Use back side of form if more room is needed).

Name:

First

Middle

Last

Street Address: _____

City, state, zip code: _____

Age: _____

Home phone: _____

Work phone: _____

Attorney's name: _____

Work phone: _____

Please identify the principals for any closely held corporation, identify all partners of a general partnership, identify the general partner of any limited partnership and all principals of any limited liability company involved in the mediation.

WE HAVE SELECTED THE FOLLOWING MEDIATOR: _____

The mediator listed above has been selected from the list of qualified mediators provided by the Federal Court. All mediation services will be provided on a contract basis for a specified rate, to be arranged with and paid directly to the mediator. The Federal Court does not endorse particular mediators. Mediators are independent contractors. The mediator will contact you promptly. No filing fee for this application is required.

WE WERE REFERRED TO THE FEDERAL MEDIATION PROGRAM BY:

_____ Attorney Recommended _____ Judge Recommended

_____ OTHER *(please explain)*

*Signature and Printed Name of Attorney
for One of the Parties*

Date

MAIL/DELIVER THIS APPLICATION TO:

Knoxville/Winchester Cases

c/o U.S. District Court Clerk
ATTN: Mediation Coordinator
800 Market Street, Suite 130
Knoxville, TN 37902

Greeneville Cases

c/o U.S. District Court Clerk
ATTN: Mediation Coordinator
220 W. Depot Street, Suite 200
Greeneville, TN 37743

Chattanooga Cases

c/o U.S. District Court Clerk
ATTN: Mediation Coordinator
900 Georgia Ave., Rm. 309
Chattanooga, TN 37401

