

Small Claims Mediation is offered to all Monterey County residents through a granted-funded program in cooperation with the Superior Court of California, Monterey County, the Monterey College of Law, and Mandell-Gisnet Center for Conflict Management. It is a **FREE** program designed to serve the Community.

In order to participate in the FREE Small Claims Mediation program, **BOTH** parties must agree to mediation, which can be initiated either by you or by the conflict center by calling (831) 582-4000 and asking for the ADR Coordinator. Once the form has been completed and signed by **BOTH** parties, please fax to The Monterey College of Law at (831) 582-4095 or email to courtadr@mandellgisnetcenter.org. Once a fully-completed form has been received, both parties will be notified by telephone, email, or mail of the date and time of the mediation. All mediations will be held at the Monterey College of Law located at 100 Col. Durham Street, Seaside, CA 93955.

If you are not comfortable with the English language, it is the responsibility of the litigants to provide their own interpreter who can interpret for them in the mediation. The Superior Court of California, Monterey County, the Monterey College of Law, and The Mandell-Gisnet Center for Conflict Management DO NOT provide interpreters.

*Please complete the information below. Please print legibly. *

Plaintiff:	Defendant:	
Mailing Address:	Mailing Address:	
City:, State	City:, State:	
Zip Code:	Zip Code:	
Telephone:	Telephone:	
Email:	Email:	
Amount of Claims		
Amount of Claim:\$		
	h parties must sign and print their names below.	
	h parties must sign and print their names below. Defendant: (Printed Name)	
In order to have this claim mediated, both	Defendant:	
In order to have this claim mediated, both Plaintiff:(Printed Name)	Defendant:(Printed Name)	
In order to have this claim mediated, both Plaintiff: (Printed Name) Signature: Date:	Defendant:(Printed Name) Signature: Date:	
In order to have this claim mediated, both Plaintiff: (Printed Name) Signature: Date:	Defendant: (Printed Name) Signature:	
In order to have this claim mediated, both Plaintiff: (Printed Name) Signature: Date: OFF Date Received:	Defendant: (Printed Name) Signature: Date:	