

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

*ALTERNATIVES IN MEDIATION*  
Abilene Christian University

Application for Services

Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Second Party Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Third Party Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

This Application for Services is being made by (check one):

Applicant Only

All Parties

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

Briefly describe the nature of the conflict:

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

I/We recognize that the conflict resolution process is a voluntary one. In the event of mediation, any settlement reached will be voluntary between and among the parties. The mediator is neither a judge nor an arbiter and has no authority to force a settlement on the parties. A settlement or agreement shall be reached in this case only if the parties agree in writing that the settlement or agreement is fair, in their best interest, and voluntarily undertaken.

The mediator assigned to this case has met the educational and experience requirements of the *Alternatives in Mediation* program. The mediator will also have access to a supervisor during the mediation who will provide advice and support for the mediator. Neither the mediator nor the supervisor will provide legal counsel or analysis of any party's legal rights in this case.

All information obtained in this case will be kept confidential unless: (1) all parties agree to release all or part of the information; (2) information regarding potential harm to persons and/or property are revealed; or (3) disclosure of information is required by law.

Services offered through the *Alternatives in Mediation* program are free to students and employees of Abilene Christian University.

In the event that all parties have not joined in this Application for Services, I understand that the other party or parties will be contacted and invited to participate in this process. Further, I understand that the other party or parties will be provided with the information I have provided regarding the nature of the conflict.

Date: \_\_\_\_\_  
\_\_\_\_\_ (signature of Applicant)

Date: \_\_\_\_\_  
\_\_\_\_\_ (signature of Second Party)

Date: \_\_\_\_\_  
\_\_\_\_\_ (signature of Third Party)

FOR *AIM* USE ONLY:

Second Party Contacted on \_\_\_\_\_ at \_\_\_\_:\_\_\_\_. m.

Agreed to Participate       Declined to Participate

Third Party Contacted on \_\_\_\_\_ at \_\_\_\_:\_\_\_\_. m.

Agreed to Participate       Declined to Participate

Mediator Assigned: \_\_\_\_\_

Initial Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_