

# MEDIATION SERVICES REQUEST FORM

### Office Use Only

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

Date Received: \_\_\_\_\_

Postmarked: \_\_\_\_\_

**Please Print**

Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip County

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you farm or ranch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an agricultural loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is more than 50% of your <b>gross income</b> from farming/ranching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**For statistical use only:** Marital Status:  Single  Married  Divorced  Separated  Widow/Widower  
 Female  Male Ethnic Code:  White  Hispanic  Native American  African American  Other

Location of Clinic \_\_\_\_\_ Date \_\_\_\_\_

**I am interested in the following services (may request more than one service):**

- Legal and Financial Clinic (*One-on-one education on financial matters, legal issues, and Farm Mediation Service.*)
- USDA (NRCS/FSA/RMA/Rural Development) (*One-on-one education regarding USDA non-credit issues.*)
- Mediation (*Process which brings producers and others together to resolve disputes; led by trained impartial mediator.*)
  - Yes  No Financial Preparation (*One-on-one in depth financial analysis for pre-mediation.*)

**Type of Issue (check all that apply):**

**Financial:**  Debt w/Bank  Debt w/FSA  Debt w/Other \_\_\_\_\_  
**Other:**  Fence  Transition  Other \_\_\_\_\_  
**USDA Non-Credit Issues:**  FSA  NRCS  Risk Management Agency  Rural Development

Approximate dollar value of the issue: \$ \_\_\_\_\_ Number of people affected: \_\_\_\_\_

## Access to Program Records Acknowledgement

The federal government provides a portion of the funding for the Nebraska Farm Mediation Service. In order to evaluate and monitor the performance of the Nebraska Farm Mediation Service, the federal government requires that we maintain certain records.

Those records may include:

- |  |   |
|--|---|
| 1. Names and addresses of applicants for mediation services; | 7. The sums charged to the parties for each mediation service;  |
| 2. Dates mediation is opened and closed;                     | 8. Records of delivery of services to prepare parties for mediation (including financial advisory and counseling services); and |
| 3. Issues mediated;  | 9. Outcome of the mediation services, including formal settlement results and supporting documentation.                         |
| 4. Dates of sessions with mediators;                         |   |
| 5. Names of mediators;                                       |   |
| 6. Mediation services furnished to the participants;         |   |

*I/We hereby acknowledge the USDA, including the Inspector General; the Comptroller General of the United States, the Administrator, and any of their representatives will have access to the records described in the preceding paragraph. I/We understand the access to these records is for the purpose of monitoring, auditing, investigating, and evaluating the Nebraska Farm Mediation Service.*

*I/We hereby give permission to the Nebraska Farm Mediation Service to release the information provided on this Farm Mediation Request Form to the mediator and, if applicable, to the financial counselor assigned to the case. I understand this information is being released for the purposes of mediation only and shall not be released for any other purposes without my permission.*

**By returning this completed application, I am consenting to participate in the Nebraska Farm Mediation Service.**

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Signature

**If Requesting Mediation – Complete Side 2**

**Complete if Requesting Mediation**

**List party (parties) with whom you are requesting to mediate (use additional page if necessary):**

\_\_\_\_\_  
Contact Person Phone

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Person Phone

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Person Phone

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Person Phone

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**Brief explanation of the issue and what needs to happen to resolve it:**

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

**Please list the people you feel will attend the mediation session:**

(We encourage your spouse or family member to attend all mediation sessions.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Relationship Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Relationship Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Relationship Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Relationship Phone

**RETURN THIS FORM TO:**

**Negotiations Program  
P.O. Box 94947 • Lincoln, NE 68509-4947  
Phone: 800-446-4071 • Fax: 402-471-2759**

**To schedule legal and financial clinics, contact Legal Aid of Nebraska at 800-464-0258.**