

MEDIATION & DIVERSION SERVICES PIP REQUEST

800 East Twiggs Street, Room 208, Tampa, FL 33602-4024

Phone (813) 272-5642 Fax (813) 301-3706 E-mail: mediation@fljud13.org

MEDIATION REQUEST

***Please Note* To Process Your Request for Mediation To Be Scheduled You Must Supply Our Office With The Date That The PIP Order was signed by the Judge.**

Your Name:	Date:	Case No.:	Div:
Phone:	Fax:		
CASE STYLE (As originally filed or Amended filing)			
_____			PLAINTIFF
VS			
_____			DEFENDANT
Attorney for Plaintiff name:			
Address:			
Phone:			
Attorney for Defendant name:			
Address:			
Phone:			
1. _____ Date PIP ORDER signed by Judge. 2. _____ 3. _____			
If requesting mediation for more than one case with the same case style (same attorneys) but different assignee, list assignee name after the case number(s) below.			
2. Case No.:	Division:	Assignee:	
3. Case No.:	Division:	Assignee:	
Preferred dates/times 1. _____ 2. _____ 3. _____			
Contact the Program to get available dates/times (clear with opposing counsel) prior to faxing the request.			