Solano County Bar Association/Dispute Resolution Service (SCBA/DRS)

Small Claims Mediation Questionnaire

I request the SCBA/DRS mediation service regarding the dispute described below:

PLEASE PRINT

Date: _____ Case #: _____

Your Name: _____

Address: _____

Home phone: _____ Work phone:_____

Cell phone: _____ Fax: _____

Name of the person you would like to mediate with:

_____

Address: _____ City/Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Fax: _____

On the next page please briefly describe the nature of your dispute

Briefly describe the nature of your dispute:

FOR OFFICE USE ONLY:

Date of mediation: _____ Clerk:_____