

Williams & Williams Mediation Dates Request

Date of Initial Request: _____

Check box to indicate preference for **JRW** or **EAW** to mediate

Case Name

Contacting Attorney's Name / Firm

Assistant

Office / Cellphone Numbers:

Email Addresses (OF ATTORNEY & ASSISTANT)

Opposing Counsel's Name/Firm

Type of Case (personal injury, employment, etc.)

LITIGATED County of Filing _____?

or

PRE-LITIGATED MATTER (CHECK ONE)

HALF-DAY OR **FULL-DAY REQUEST** (CHECK ONE)

PLEASE FAX THE COMPLAINT AND A CURRENT PROOF OF SERVICE TO COMPLETE THE CONFIRMATION PROCESS.

Dates & Sessions Requested (OR STATE "ALL-DAY" REQUEST):

_____ **A.M.** _____ **P.M.**

_____ **A.M.** _____ **P.M.**

_____ **A.M.** _____ **P.M.**

_____ **A.M.** _____ **P.M.**