

Mediation Case Referral for Animal Control Cases

Referred By: _____ Title: _____

Phone: _____ Email: _____

Today's Date: _____

Citation #: _____ Animal Control Case #: _____

Brief Description of Case:

Language/Special needs: _____

Animal Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Animal(s) Name(s): _____

This person _____ is _____ is not aware that a referral has been sent to mediation

Reporting Party #1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: Home: _____ Work: _____ Cell: _____

This person _____ is _____ is not aware that a referral has been sent to mediation

Reporting Party #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: Home: _____ Work: _____ Cell: _____

This person _____ is _____ is not aware that a referral has been sent to mediation

Additional Party Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: Home: _____ Work: _____ Cell: _____

This person _____ is _____ is not aware that a referral has been sent to mediation

JCMS will gather information from the parties; however, you may use this space to provide additional information that you believe is important to resolution of this case: