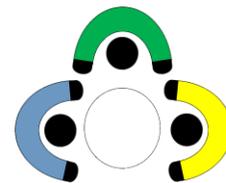




County of Los Angeles
Department of Consumer and Business Affairs
Dispute Resolution Program
Information Statement



How Mediation Works

The Goal

The goal of mediation is to help you resolve a dispute. We will help you and the other person reach an agreement or understanding that works for both of you.

Voluntary Participation

Participation is voluntary. For mediation to begin, both parties must agree to participate.

How it works

Mediation is informal. A specially trained mediator will talk with you and the other party to help you better understand each other's views. Your discussion with the mediator can occur at a face-to-face meeting with all parties present, or during separate meetings or telephone conversations.

Online Dispute Resolution

Your mediation can be conducted through live online conferencing with you, the mediator and the other party. Real time messaging is also available, with the mediator and both parties communicating online with instant messaging. Back-and-forth style mediation is also available. One party leaves a comment or offer on our online system, and the other party responds at their convenience.

Neutral

Mediators are neutral third parties. They do not decide the outcome of a dispute. You and the other party will decide how to resolve your dispute. The mediator does not represent either party and does not make decisions, judgments or take sides. Their job is to help both parties reach an agreement they feel is fair.

Legal Advice

The mediator does not give legal advice or opinions and does not make a legal ruling.

Lawyers

You can have a lawyer with you at a face-to-face mediation if you choose to.

Agreements

If you resolve your dispute through mediation, you may put your agreement in writing. The agreement can only be enforced or used as evidence in court, if you decide to make that part of the agreement.

Cost

There is no cost. Our services are provided at no charge.

Confidentiality

Anything said during mediation is private and cannot be used later or in court. The only exception is a future criminal proceeding. For more information, ask us for California Evidence Code Section 1119.

If you have questions or a complaint about our services, contact our Dispute Resolution Program Manager, Maritza Gutierrez, at 213-974-0826. Good faith efforts will be made to accommodate requests for services on evenings and weekends. These Services Are Made Possible Through Major Support From the Los Angeles County Department of Community and Senior Services and the California Dispute Resolution Program Act.



SUPERVISORIAL DISTRICT:
1ST 2ND 3RD 4TH 5TH

MEDIATION REQUEST FORM

Complete and return this form to:
**COUNTY OF LOS ANGELES DEPARTMENT
 OF CONSUMER AND BUSINESS AFFAIRS**
 500 WEST TEMPLE STREET, B-96
 LOS ANGELES, CA 90012-2706
 Tel. (213) 974-0825 Fax. (213) 687-1137
 Email: dcba@dcba.lacounty.gov ♦ dcba.lacounty.gov



LOS ANGELES COUNTY
**CONSUMER &
BUSINESS AFFAIRS**

FOR OFFICE USE ONLY:

Case Number: _____

Date Opened: _____

Date Closed: _____

INSTRUCTIONS: Fill out both sides of this Form. Please type or write clearly in ink. Attach copies of documents (**don't include originals**) that support your request, such as contracts, receipts, cancelled checks, advertisements.

PERSON REQUESTING MEDIATION:		MY DISPUTE IS WITH:	
Name:		Name of Owner or Representative:	
Business Name:		Business Name:	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Telephone (Day):	Telephone (Evening):	Telephone (Day):	Telephone (Evening):
E-mail:	Fax:	E-mail:	Fax:

1. Court Case Filed? No Yes (Court Date: _____)

2. Repeat Client? No Yes (Previous Case Number(s): _____)

3. Referred By
(check appropriate box):

<input type="checkbox"/> Agency Website	<input type="checkbox"/> Government/Public Entity	<input type="checkbox"/> County Bar Association/Attorney
<input type="checkbox"/> Courts	<input type="checkbox"/> Private or Non-Profit Entity	<input type="checkbox"/> Unknown/Decline to State
<input type="checkbox"/> Schools	<input type="checkbox"/> Prosecutorial Office	<input type="checkbox"/> Self-Referral
<input type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> Small Claims Advisory	<input type="checkbox"/> Other:

4. Type of Dispute
(check appropriate box):

<input type="checkbox"/> Consumer Merchant
<input type="checkbox"/> Business – Business
<input type="checkbox"/> Neighbor – Neighbor
<input type="checkbox"/> Family/Domestic
<input type="checkbox"/> Government/Public Agency
<input type="checkbox"/> Landlord/Tenant
<input type="checkbox"/> Criminal
<input type="checkbox"/> Organization
<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Property Damage
<input type="checkbox"/> Schools
<input type="checkbox"/> Work

5. Demographic Information: (to provide this free service, we are required to request the information below. The information on this **Page 1** is confidential, for statistical purposes only, and we will not share it with the other party).

ETHNIC BACKGROUND:		PRIMARY LANGUAGE		INCOME
<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Armenian	<input type="checkbox"/> Russian	<input type="checkbox"/> \$20,000 or Less	
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Spanish	<input type="checkbox"/> \$20,001 - \$30,000	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> \$30,001 - \$50,000	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> \$50,001 or More	
<input type="checkbox"/> White (not Hispanic/Latino)	<input type="checkbox"/> Farsi	<input type="checkbox"/> Other:	<input type="checkbox"/> Decline to State	
<input type="checkbox"/> Other:©	<input type="checkbox"/> Decline to State	<input type="checkbox"/> Korean	<input type="checkbox"/> Decline to State	

PARTICIPANT DESCRIPTION:	DISABILITY STATUS:	HOMELESS:
<input type="checkbox"/> Self Representing Business	<input type="checkbox"/> Yes, Major Disability	<input type="checkbox"/> Yes
<input type="checkbox"/> Self Representing Individual/Self	<input type="checkbox"/> Yes, Minor Disability	<input type="checkbox"/> No
<input type="checkbox"/> Self Representing Insurance Company	<input type="checkbox"/> No Disability	
<input type="checkbox"/> Self Representing Other	<input type="checkbox"/> Decline to State	AGE
<input type="checkbox"/> Attorney Representing Business		<input type="checkbox"/> 17 or Younger
<input type="checkbox"/> Attorney Representing Government Entity	GENDER:	<input type="checkbox"/> 18 – 39
<input type="checkbox"/> Attorney Representing Individual/Self	<input type="checkbox"/> Male	<input type="checkbox"/> 40 – 64
<input type="checkbox"/> Attorney Representing Insurance Company	<input type="checkbox"/> Female	<input type="checkbox"/> 65 or Older
<input type="checkbox"/> Attorney Representing Other	<input type="checkbox"/> Decline to State	

