New Jersey Judiciary
Municipal Court Services Division
Presumptive Mediation Pilot Program
Mediation Information

Municipal Court of

For Office Use Only
Mediation Case Number

Sent to Mediation? ☐ Yes ☐ No
Date:

Filing Party	**Other Party** (include as much information as you can)
NAME Last / First / Middle	NAME Last / First / Middle
ADDRESS Street	ADDRESS Street
City / State / Zip Code	City / State / Zip Code
PHONE NO. Home / Work	PHONE NO. Home / Work
Do you have any needs under the Americans with Disabilities Act? ☐ Yes ☐ No If yes, please identify any requirements or accommodations you may require.	Does the other party have any needs under the Americans with Disabilities Act? ☐ Yes ☐ No ☐ Unknown If yes, please identify any requirements or accommodations the other party may require (if known).
Do you require an interpreter? ☐ Yes ☐ No If yes, for what language? _____	Will an interpreter be needed? ☐ Yes ☐ No ☐ Unknown If yes, for what language? _____

Other party's relationship to you (neighbor, friend, etc.) _____

Is the other party 18 years old or older?	☐ Yes ☐ No ☐ Unknown
Were there any serious injuries?	☐ Yes ☐ No
Does your dispute involve a traffic violation?	☐ Yes ☐ No
Is there a current Domestic Violence Restraining Order between you and the other party; or, are you and the other party involved in a court matter under the Prevention of Domestic Violence Act?	☐ Yes ☐ No
Are you and the other party involved in a Superior Court matter at this time?	☐ Yes ☐ No
Are you aware of a clearly demonstrated psychological or emotional disability of the other party?	☐ Yes ☐ No
Have there been repeated acts of violence between you and the other party?	☐ Yes ☐ No

Briefly describe what happened:

_____ _____
Signature Date