

**Citizens Dispute Settlement Program**  
**Collection Mediation Services Application Form**

PLEASE TYPE OR BLOCK PRINT ALL INFORMATION

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Respondent:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
          (Last)                                  (First)                                  (M.I.)

C/O \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Complainant:  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
          (Last)                                  (First)                                  (M.I.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Describe transaction and history of attempts to collect

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Days and times available for mediation: \_\_\_\_\_

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Amount Owed:       \$ \_\_\_\_\_  
Mediation Fee:     \$        15.00  
Total                 \$ \_\_\_\_\_