Citizens Dispute Settlement Program

Collection Mediation Services Application Form

PLEASE TYPE OR BLOCK PRINT ALL INFORMATION

Respondent:
Name_____ Phone_____
(Last) (First) (M.I.)

C/O _____

Street Address: _____

City: _____ State_____ Zip_____

Complainant:
Name_____ Phone_____
(Last) (First) (M.I.)

Street Address: _____

City: _____ State_____ Zip_____

Describe transaction and history of attempts to collect

_____

_____

_____

_____

_____

_____

_____

Days and times available for mediation: _____

_____

Amount Owed: $_____
Mediation Fee: $_____15.00
Total $_____