Form: 115

SUBMISSION OF DISPUTE TO COMMUNITY MEDIATION SERVICE

Name : _____

Address : _____

_____

Tel / Mobile / Email : _____

_____

Name of Opposite party/ies : _____

_____

Address : _____

_____

Tel / Mobile / Email : _____

Nature of dispute :

- Family ☐
- Neighbourhood ☐
- Elder ☐
- Commercial ☐
- Contractual ☐
- Work ☐
- Peer ☐
- Community ☐
- Criminal ☐
- Others ☐ Specify: _____

Is the matter pending in any Court / Forum : ☐ No ☐ Yes

If yes, name of such Court / Forum : _____

Additional points of relevance : _____

_____

_____

I / We state that the details given above are true and correct and based on records and our personal knowledge.

Date: Name & Signature:

- Attach separate sheets, if required.
- To institute proceedings, file copy of form in the Mediation Clinic, with the appropriate registration fee.

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