



The Human Element...

The Elledge Group, Inc.

P.O. Box 4441, Englewood, CO 80155

ElledgeGroup@aol.com

303/791-3574

PRIVATE MEDIATION/ADR SERVICES **SCHEDULING REQUEST FORM**

Initial Contact: _____ **Email:** _____ **Phone:** _____

Type of Service Requested: _____ **Neutral Requested:** _____

Agreed Upon Dates/Start Preferences: _____

(Provide at least three to ensure your quickest confirmed scheduling as we schedule on a first come, first served basis.)

CASE INFORMATION:

County: _____ **Case No.:** _____ **Division:** _____

PARTY/ATTORNEY INFORMATION:

Petitioner/Plaintiff: _____ **Email:** _____ **Phone:** _____

Address: _____

Pet/Ptf Attorney: _____ **Email:** _____ **Phone:** _____

Address: _____

Respondent/Defendant: _____ **Email:** _____ **Phone:** _____

Address: _____

Rsp/Dft Attorney: _____ **Email:** _____ **Phone:** _____

Address: _____

ISSUES TO BE ADDRESSED: _____

CHILD INFORMATION (if applicable to case):

Number of Children _____ **Ages:** _____

OTHER INFORMATION YOU WOULD LIKE TO INCLUDE: