



County of Los Angeles
Department of Consumer Affairs
Dispute Settlement Service



Information Statement

We Want You to Know How Mediation Works

The goal of mediation

The goal of mediation is to help you and the other person solve your dispute. We will help you and the other person reach an agreement or understanding that works for both of you.

Voluntary Participation

Your participation is voluntary. The other person to the dispute must also volunteer to participate. If they do not agree to participate, mediation cannot begin.

How it works

A specially trained person called a mediator provides the service. The mediator will talk to both of you to help you better understand each other's views and have a productive talk. Your discussion with the mediator can occur at a face-to-face meeting with both of you or during separate telephone conversations. Mediation is flexible and informal.

The mediator does not decide the outcome of the dispute. You and the other person involved decide how to resolve your dispute. The mediator does not represent either person and they do not make decisions, judgments or take sides. Their job is to help you reach an agreement that both feel is fair.

Legal Advice

The mediator does not give legal advice or opinions. Mediation is not about making a legal ruling. Judges do that. Mediation is about helping people reach an agreement they feel is fair to resolve their dispute.

Lawyers

You can have a lawyer with you at a face-to-face mediation if you choose to.

Witnesses

At a face-to-face mediation, you can bring anyone that saw or knows something that might help resolve the dispute.

Agreements

If you and the other person resolve your dispute through mediation, you can choose to put your agreement in writing. The agreement can only be taken to court as evidence or enforced in court if you decide to make that part of the agreement.

Cost

Our services are provided free of charge.

Confidentiality

Anything said during mediation is private and cannot be used later or in court. The only exception is a future criminal proceeding. For more information on this, ask us for California Evidence Code Section 1119.

Questions or Complaints

If you have questions or a complaint about our services, contact our Program Manager, Kristine Ovsepyan, at 213-974-0825.

Good faith efforts will be made to accommodate requests for services in evenings and on weekends.

These Services Are Made Possible Through the Major Support From the Los Angeles County Department of Community and Senior Services Through the California Dispute Resolution Program Act.



District: 1 2 3 4 5

Complete and return this form to:

COUNTY OF LOS ANGELES
DEPARTMENT OF CONSUMER AFFAIRS
500 WEST TEMPLE STREET, B-96
LOS ANGELES, CA 90012-2706
Tel. (213) 974-0825 Fax. (213) 687-1137
dca.lacounty.gov

MEDIATION REQUEST FORM

FOR OFFICE USE ONLY

Case Number:

Date Opened:

Date Closed:



District: 1 2 3 4 5

INSTRUCTIONS: Fill out both sides of this form. Type or use ink. Attach copies of documents that concern this matter, such as contracts, receipts, cancelled checks, letters, legal documents, and advertisements. **Do not send originals.**

PERSON REQUESTING MEDIATION		MY DISPUTE IS WITH (If a business, please supply a contact name)	
Name		Name	
Business Name		Business Name	
Address		Address	
City, State & Zip Code		City, State & Zip Code	
Telephone (Day)	Telephone (Evening)	Telephone (Day)	Telephone (Evening)
E-mail	Fax	E-mail	Fax

1st Time Client Repeat Client

Referred By (Please check appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Agency Website | <input type="checkbox"/> Government/Public Entity | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Attorney(s) | <input type="checkbox"/> Law Enforcement Agency | <input type="checkbox"/> Self-Referral |
| <input type="checkbox"/> County Bar Association | <input type="checkbox"/> Private or Non-Profit Entity | <input type="checkbox"/> Small Claims Advisory |
| <input type="checkbox"/> Courts | <input type="checkbox"/> Prosecutorial Office | <input type="checkbox"/> Unknown/Decline to State |

Type of Dispute (Please check appropriate box)

- | | | |
|--|---|--|
| <input type="checkbox"/> Business - Business | <input type="checkbox"/> Government/Public Agency | <input type="checkbox"/> Personal Injury/Property Damage |
| <input type="checkbox"/> Consumer - Merchant | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Neighbor - Neighbor | <input type="checkbox"/> Workplace Related |
| <input type="checkbox"/> Family/Domestic | <input type="checkbox"/> Organizational | |

To provide this free service, we are required by contract to request the following demographic information. The information on the front of this form is confidential, for statistical purposes only, and **will not** be shared with the other party.

Participant Description

- Self Representing Business
- Self Representing Individual/Self
- Self Representing Insurance Company
- Self Representing Other
- Attorney Representing Business
- Attorney Representing Government Entity
- Attorney Representing Individual/Self
- Attorney Representing Insurance Company
- Attorney Representing Other

Primary Language

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Other |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Declined to State |

Income

- \$20,000 or less
- \$20,001 - \$30,000
- \$30,001 - \$50,000
- \$50,001 and Over
- Declined to State

Self Identified Disability Status

- Yes, Major Disability
- Yes, Minor Disability
- No Disability
- Declined to State

Ethnic Background (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiple Ethnicities/Races |
| <input type="checkbox"/> Black - African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Declined to State |

Age

- 17 and under
- 18-39
- 40-64
- 65+
- Declined to State

Gender

- Male
- Female
- N/A

Court Case Filed?
If yes, please provide
Court Date _____

