New Jersey Agricultural Mediation Program

Request for Voluntary Mediation

For issues involving an agriculture-related lease

I (we)	request voluntary mediation
under the New Jersey Agricultural Mediation	
Name	
Address	
City, State, Zip	
Telephone Number	
Email	
I am: a commercial farm operator	
a lender/creditor	
another party (describe:)
Please list the person(s) and/or the organization and are requesting mediation: Name:	Phone:
Name:	
Address:	
Briefly describe the situation:	

Please list any other individuals you would like to have participate in the mediation:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Please list the following farm de	tails, if known:
The block(s)/lot(s) of the farm	1
Which block/lot is the mediat	ion request is associated with?
Is the mediation request associ	ciated with a preserved farm?
to the case. I understand this into only and shall not be released for	MP to release this information to the mediator assigned formation is being released for the purpose of mediation or any other purpose without my permission. By st form, I am consenting to participate in mediation. I res outlined for the program.
Signature	Date
Please forward this completed r Program by mail or email:	request to the New Jersey Agricultural Mediation
State Agr P.O. Box Trenton, Email: <u>sad</u>	ey Agricultural Mediation Program iculture Development Committee 330 New Jersey 08625 Ic@ag.nj.gov 09) 984-2504

The other parties involved in this mediation will be notified within five (5) working days after NJAMP receives an initial written request. NJAMP will forward a copy of this document to the other parties as part of the request for mediation. Please keep a copy of this document for your records.