

**New Jersey Agricultural Mediation Program**

**Request for Voluntary Mediation**

**For disputes involving the agricultural practices of a commercial farm**

---

---

I (we) \_\_\_\_\_ request voluntary mediation under the New Jersey Agricultural Mediation Program (NJAMP).

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

I am: \_\_\_\_\_ a commercial farm operator or owner  
\_\_\_\_\_ a municipal official (title: \_\_\_\_\_)  
\_\_\_\_\_ a neighbor of the farm

Please list the person(s) with whom you have a dispute and are requesting mediation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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 details, if known:

The block(s)/lot(s) of the farm \_\_\_\_\_

Which block/lot is the mediation request is associated with? \_\_\_\_\_

Is the mediation request associated with a preserved farm? \_\_\_\_\_

I hereby give permission to NJAMP to release this information to the mediator assigned to the case. I understand this information is being released for the purpose of mediation only and shall not be released for any other purpose without my permission. By returning this completed request form, I am consenting to participate in mediation. I accept the policies and procedures outlined for the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please forward this completed request to the New Jersey Agricultural Mediation Program by mail or email:

New Jersey Agricultural Mediation Program  
State Agriculture Development Committee  
P.O. Box 330  
Trenton, New Jersey 08625  
Email: [sadc@ag.nj.gov](mailto:sadc@ag.nj.gov)  
Phone: (609) 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.