New Jersey Agricultural Mediation Program

Request for Voluntary Mediation

For issues related to farm transition, transfer, or succession

l (we)	request voluntary med	diation
under the New Jersey Agricultural Mediation I	Program (NJAMP).	
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:		
Address:		
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:	
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 as	ssociated with?
Is the mediation request associated with a pro	eserved 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: <u>sadc@ag.nj.gov</u> 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.

https://sonj.sharepoint.com/sites/AG/SADC/Agricultural Resources/AgriculturalMediation/Forms/RequestForms/RequestForm_FarmTransition.doc