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COMMONWEALTH OF PENNSYLVANIA

OFFICE OF GENERAL COUNSEL

DISPUTE RESOLUTION PROGRAM

[**www.ogcdr.state.pa.us**](http://www.ogcdr.state.pa.us/)

**REQUEST FOR MEDIATION**

**DATE:**

**TO:** Rodney R. Akers, Deputy General Counsel

**THRU:** Teresa R. Wills and Adam N. Bram

OGC Mediation Coordinator OGC Mediation Director

**FROM:**

**RE:** Request for Mediation

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| --- | --- |
| Requesting Agency: |  |
| Requesting Agency Contact Person:  (Include name, address, phone, and e-mail address) | Contact Person Name:  Address:  City, State, Zip:  Phone Number:  Email Address: |
| Case Name |  |
| Tribunal & Docket Number, if any: |  |
| MMS No: |  |
| Name of Parties: |  |
| Name of Counsel & Law Firm Representing Non-Commonwealth Party:  (Include name, address, phone, and e-mail address) | Contact Person Name:  Address:  City, State, Zip:  Phone Number:  Email Address: |
| Commonwealth Counsel:  (Include name, address, phone, and e-mail address) | Commonwealth Counsel Name:  Agency Name:  Address:  City, State, Zip:  Phone Number:  Email Address: |
| Critical date(s) or time frame, if any, by which mediation needs to take place: |  |

**Summary of Dispute:**

**Why dispute is appropriate for mediation:**

**OGC Approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adam N. Bram Date**

**OGC Mediation Director**