

## New Jersey Agricultural Mediation Program

# Request for Voluntary Mediation

For disputes involving a farm

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Is this a listed or an unlisted telephone number? \_\_\_\_\_

Email: \_\_\_\_\_

I am: \_\_\_\_\_ a farm operator  
\_\_\_\_\_ a municipal official (title: \_\_\_\_\_)  
\_\_\_\_\_ a neighbor of the farm  
\_\_\_\_\_ another party (describe: \_\_\_\_\_)

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: \_\_\_\_\_

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Please list any other individuals you would like have participate in the mediation:

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

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

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

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

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

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

I hereby give permission to the NJAMP to release information provided 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 at the following address:

New Jersey Agricultural Mediation Program  
State Agriculture Development Committee  
P.O. Box 330  
Trenton, New Jersey 08625

Phone: (609) 984-2504  
Fax: (609) 633-2004

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.