

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 _____

Is this a listed or an unlisted telephone number? _____

I am: _____ a commercial farm operator
_____ a municipal official (title: _____)
_____ a residential neighbor
_____ another affected party (describe: _____)

List the person(s) you are requesting mediation with:
(name) (address) (phone)

Briefly describe the situation: _____

Briefly describe your relationship to the person(s) you are requesting mediation with:

List any other participants that you would like to be in the mediation:
(name) (address) (phone)

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.