



County of Los Angeles  
Department of Consumer Affairs  
Dispute Settlement Service



Information Statement

**We Want You to Know How Mediation Works**

**The goal of mediation**

The goal of mediation is to help you and the other person solve your dispute. We will help you and the other person reach an agreement or understanding that works for both of you.

**Voluntary Participation**

Your participation is voluntary. The other person to the dispute must also volunteer to participate. If they do not agree to participate, mediation cannot begin.

**How it works**

A specially trained person called a mediator provides the service. The mediator will talk to both of you to help you better understand each other's views and have a productive talk. Your discussion with the mediator can occur at a face-to-face meeting with both of you or during separate telephone conversations. Mediation is flexible and informal.

The mediator does not decide the outcome of the dispute. You and the other person involved decide how to resolve your dispute. The mediator does not represent either person and they do not make decisions, judgments or take sides. Their job is to help you reach an agreement that both feel is fair.

**Legal Advice**

The mediator does not give legal advice or opinions. Mediation is not about making a legal ruling. Judges do that. Mediation is about helping people reach an agreement they feel is fair to resolve their dispute.

**Lawyers**

You can have a lawyer with you at a face-to-face mediation if you choose to.

**Witnesses**

At a face-to-face mediation, you can bring anyone that saw or knows something that might help resolve the dispute.

**Agreements**

If you and the other person resolve your dispute through mediation, you can choose to put your agreement in writing. The agreement can only be taken to court as evidence or enforced in court if you decide to make that part of the agreement.

**Cost**

Our services are provided free of charge.

**Confidentiality**

Anything said during mediation is private and cannot be used later or in court. The only exception is a future criminal proceeding. For more information on this, ask us for California Evidence Code Section 1119.

**Questions or Complaints**

If you have questions or a complaint about our services, contact our Program Manager, Kristine Ovsepyan, at 213-974-0825.

Good faith efforts will be made to accommodate requests for services in evenings and on weekends.

These Services Are Made Possible Through the Major Support From the Los Angeles County Department of Community and Senior Services Through the California Dispute Resolution Program Act.



District: 1 2 3 4 5

Complete and return this form to:

COUNTY OF LOS ANGELES  
DEPARTMENT OF CONSUMER AFFAIRS  
500 WEST TEMPLE STREET, B-96  
LOS ANGELES, CA 90012-2706  
Tel. (213) 974-0825 Fax. (213) 687-1137  
dca.lacounty.gov

### MEDIATION REQUEST FORM

FOR OFFICE USE ONLY

Case Number:

Date Opened:

Date Closed:



District: 1 2 3 4 5

**INSTRUCTIONS:** Fill out both sides of this form. Type or use ink. Attach copies of documents that concern this matter, such as contracts, receipts, cancelled checks, letters, legal documents, and advertisements. **Do not send originals.**

PERSON REQUESTING MEDIATION		MY DISPUTE IS WITH (If a business, please supply a contact name)	
Name		Name	
Business Name		Business Name	
Address		Address	
City, State & Zip Code		City, State & Zip Code	
Telephone (Day)	Telephone (Evening)	Telephone (Day)	Telephone (Evening)
E-mail	Fax	E-mail	Fax

**Referred By** (Please check appropriate box)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attorney(s)                    | <input type="checkbox"/> Police/Sheriff            | <input type="checkbox"/> Small Claims Court - Day of Trial |
| <input type="checkbox"/> County Bar Association         | <input type="checkbox"/> Prosecutorial Office      | <input type="checkbox"/> Judge/Commissioner                |
| <input type="checkbox"/> Court Signage/Brochure/Website | <input type="checkbox"/> Private/Non-profit Agency | <input type="checkbox"/> Small Claims Advisor              |
| <input type="checkbox"/> Government/Public Entity       | <input type="checkbox"/> Repeat Client             | <input type="checkbox"/> County Probation Department       |
|   | <input type="checkbox"/> School                    | <input type="checkbox"/> Other _____                       |

**Type of Dispute** (Please check appropriate box)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Personal Injury/Property Damage | <input type="checkbox"/> Residential - Landlord/Tenant | <input type="checkbox"/> Student - Student          |
| <input type="checkbox"/> Consumer - Merchant             | <input type="checkbox"/> Commercial - Landlord/Tenant  | <input type="checkbox"/> Juvenile - Victim/Offender |
| <input type="checkbox"/> Business - Business             | <input type="checkbox"/> Workplace                     | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Neighbor - Neighbor             | <input type="checkbox"/> Citizen/Government            |   |
| <input type="checkbox"/> Government/Public Agency        | <input type="checkbox"/> Family/Domestic               |   |

To provide this free service, we are required by contract to request the following demographic information. The information on the front of this form is confidential, for statistical purposes only, and **will not** be shared with the other party.

Participant Description	Gender	Age	Income	If a Business, Business Size
<input type="checkbox"/> Individual Representing Self	<input type="checkbox"/> Male	<input type="checkbox"/> 17 and under	<input type="checkbox"/> Low Income	<input type="checkbox"/> Small
<input type="checkbox"/> Individual with Attorney	<input type="checkbox"/> Female	<input type="checkbox"/> 18-39	<input type="checkbox"/> Middle Income	<input type="checkbox"/> Medium
<input type="checkbox"/> Individual Representing Business	<input type="checkbox"/> Other	<input type="checkbox"/> 40-59	<input type="checkbox"/> Upper Middle Income	<input type="checkbox"/> Large
<input type="checkbox"/> Individual Representing Gov. Entity		<input type="checkbox"/> 60 +	<input type="checkbox"/> High Income	
<input type="checkbox"/> Attorney Representing Client				
<input type="checkbox"/> Other _____				

**Ethnic Background** (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Asian - Chinese   | <input type="checkbox"/> Black - African American   |
| <input type="checkbox"/> Asian - Filipino  | <input type="checkbox"/> Latino - Central American  |
| <input type="checkbox"/> Asian - Korean    | <input type="checkbox"/> Latino - Mexican American  |
| <input type="checkbox"/> South Asian       | <input type="checkbox"/> Latino - Other             |
| <input type="checkbox"/> Other Asian       | <input type="checkbox"/> Middle Eastern or Arab     |
| <input type="checkbox"/> White - Caucasian | <input type="checkbox"/> Other/Multiple Ethnicities |

**Primary Language You Speak at Home**

- English  
 Spanish  
 Asian/Pacific Islander  
 Other \_\_\_\_\_

**Court Case Filed?**

If yes, please provide court date: \_\_\_\_\_

