



**REQUEST FOR MEDIATION**  
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE  
 MEDIATION SERVICE  
 SFN 51122 (1-2025)

**Return this form to:**  
 ND Department of Agriculture  
 Mediation Service  
 600 E Boulevard Ave - Dept 602  
 Bismarck, ND 58505-0020  
 Telephone: 701-328-4158  
 Toll Free: 1-844-642-4752  
 Fax: 701-328-4567  
 Email: ndms@nd.gov

**SECTION 1. Mediation is being requested by:**

Name of Primary Contact Person		Company	
Name of Significant Other/Business Partner (if applicable)		Position	
Mailing Address		City	State ZIP Code
Telephone Number	Mobile Phone Number	Email Address	

**SECTION 2. Mediation is requested with:**

Name of Primary Contact Person		Company	
Mailing Address		City	State ZIP Code
Telephone Number	Mobile Phone Number	Email Address	

**SECTION 3. Issues to be mediated:**

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**SECTION 4. Complete this and SECTION 6 (if applicable).**

I, hereby request assistance under the provisions of NDCC Chapter 6-09.10, relating to the North Dakota Mediation Service which is certified by the United States Secretary of Agriculture as the State's Agricultural Mediation Service under the provisions of Section 501(c) of the Agricultural Credit Act of 1987 (public law 100-233), as amended.

The Credit Review Board has adopted a policy of confidentiality regarding all information and/or meetings associated with this request.

Signature of Primary Contact Person from SECTION 1	Date
Signature of Significant Other/Business Partner (if applicable) from SECTION 1	Date

**SECTION 5. Complete this and SECTION 6 (if applicable) if mediation is being accepted.**

I hereby request assistance under the provisions of NDCC Chapter 6-09.10, relating to the North Dakota Mediation Service which is certified by the United States Secretary of Agriculture as the State's Agricultural Mediation Service under the provisions of Section 501(c) of the Agricultural Credit Act of 1987 (public law 100-233), as amended.

The Credit Review Board has adopted a policy of confidentiality regarding all information and/or meetings associated with this request.

Signature of Primary Contact Person from SECTION 2	Date
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**SECTION 6. Complete this if mediation is being rejected.**

I do not wish to participate in the mediation program.

Signature of Primary Contact Person from SECTION 2	Date
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**SECTION 7.** List all additional persons you believe should attend the mediation in the space provided below.  
**You must provide complete names, addresses and phone numbers.**

**Type or print clearly.**

Name		
Company		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		

Name		
Company		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		

Name		
Company		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		

Name		
Company		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		

Name		
Company		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		

Name		
Company		
Address		
City	State	ZIP Code
Telephone Number		
Email Address		

**(Use Additional Sheet if Necessary)**