

FRANKLIN COUNTY MUNICIPAL COURT
PRE-FILE MEDIATION PROGRAM- INSTRUCTIONS TO CLAIMANT (Requesting Party)

*****ATTENTION: Our Mediation Department DOES NOT mediate domestic relations issues. If you have a dispute regarding custody, divorce, or juvenile issues, DO NOT COMPLETE THIS FORM. Please contact the Franklin County Court of Common Pleas, Division of Domestic Relations and Juvenile Branch at 614-525-6640.**

*****ATTENTION: This form is for Pre-File mediation requests only (BEFORE A LAWSUIT IS FILED). To speak to someone regarding mediation services on cases pending in the Franklin County Municipal Court, DO NOT COMPLETE THIS FORM, instead contact 614-645-8611.**

DIRECTIONS: To request Pre-File Mediation, Complete and Submit the following to the Pre-File Mediation Program:

1. Pre-File Mediation Request Form (Required)

Provide your contact information, basic information about the dispute, and answer screening questions.

2. Letter to Respondent (Required), 1 Letter for Each Respondent you wish to request mediation with

Our office will mail this letter as completed by you (the Claimant) by ordinary mail to the party(ies) you request mediation with. You will need to complete one letter for each Respondent. It is up to you to provide a good address. Due to the large number of Pre-File mediation requests our office receives, we are unable to monitor for Letter(s) to Respondent that are returned to the Pre-File Mediation program due to insufficient/incorrect address. **Additionally, the Mediation Program does not keep any copies of this letter. If you think you will want this information later, make a copy before submitting.**

3. Notification to Claimant that Pre-File Mediation Request was Processed (Optional, but Strongly Recommended)

Complete this form if you want our Pre-File Mediation Program to notify you that your Pre-File Mediation request has been processed. Complete one letter for each Claimant.

4. Submit your completed Pre-File Mediation Request form, Letter(s) to Respondent(s), and Notification to Claimant the Pre-File Mediation Request was Processed using ONE of the following options:

In Person: FRANKLIN COUNTY MUNICIPAL COURT--Mediation 375 South High Street, 16th Floor Columbus, Ohio 43215-4520 Business Hours (M-F 8am-3pm, except holidays)	By Mail: Franklin County Municipal Court Self Help Center & Dispute Resolution Department ATTN: Mediation Coordinator 375 South High Street, 16th Floor Columbus, Ohio 43215-4520
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What to expect with the pre-file mediation process:

- Pre-file mediation is voluntary for all parties. Mediation is only scheduled if all parties accept the Pre-File mediation request.
- Once we process your mediation request, we will send the "Letter to Respondent" that you completed (by ordinary mail) to the other party or parties. We do not impose a response deadline on the other party. It is up to you how long you are willing to wait. After processing your pre-file mediation request, we will only contact you if the other party accepts the request to mediate by contacting our office.
- If you submit the "Notification to Claimant that Pre-File Mediation Request was Processed" to the Mediation Program at the same time that you submit your Pre-File Mediation Request form and Letter to Respondent, we will notify you that your request was processed by mailing this letter, as completed by you, back to you. Due to the large number of Pre-File Mediation Requests our office receives, we are typically not able to provide automatic status updates beyond this letter.

FRANKLIN COUNTY MUNICIPAL COURT
PRE-FILE MEDIATION REQUEST- FOR MEDIATION DEPARTMENT USE ONLY

Date: _____ **NOTE: Do not use this form to request mediation on a pending court case.**

Claimant(s): Enter name(s) and addresses

1) _____
 Name

Street Address

City State ZIP Code

Telephone No.

Email Address

2) _____
 Name

Street Address

City State ZIP Code

Telephone No.

Email Address

Respondent(s): Enter name(s). Do not provide Respondent address here. You will provide Respondent address information on the "Letter to Respondent".

1) _____
 Name

2) _____
 Name

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AMOUNT OF CLAIM \$ _____ and / or _____

NATURE OF CLAIM [Check the appropriate box(es)]

- | | | |
|--|--|---|
| <input type="checkbox"/> Money due on account | <input type="checkbox"/> Faulty home repair | <input type="checkbox"/> Wages or Salary |
| <input type="checkbox"/> Money lent | <input type="checkbox"/> Faulty auto repair | <input type="checkbox"/> Roommate Dispute |
| <input type="checkbox"/> Damage to motor vehicle | <input type="checkbox"/> Faulty goods or services | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Damage to personal property | <input type="checkbox"/> Fraud / Misrepresentation | <input type="checkbox"/> Security Deposit |
| <input type="checkbox"/> Damage to real property | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Other _____ |

Notes: _____

Do you have a personal relationship with any Respondent(s)?	<input type="checkbox"/> Yes, Describe: _____ <input type="checkbox"/> No
Are you comfortable with direct contact with the Respondent(s) (for example, sitting in the same room/being on the same phone call/ being in the same online chat space)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a temporary restraining order or protection order between the parties or do you have safety concerns? If you answer "yes", you must ALSO complete the questions on the back of this page.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need an interpreter? ¿Necesita un intérprete? 你是否需要翻译员? Ma u baahan tahay turjubaan ?	<input type="checkbox"/> Yes, language: _____ <input type="checkbox"/> No

Mediation is an option to resolve a dispute outside of a courtroom. However, there are some situations where mediation in the FCMC mediation program may not be the right fit. Please answer the following questions to help us assist you.

1. Do you feel that you are in immediate danger right now?

Yes _____ No _____

(If you answer “yes” to this question, mediation is not appropriate in our program. If you are experiencing domestic violence or stalking, please call 614-645-7483 for the City Prosecutor. To view contact information for other agencies, visit https://publicsafety.ohio.gov/links/ocjs_DVPocket_Franklin.pdf)

2. Why do you want to mediate?

3. In mediation, it is up to each party to share his/her own wishes and make his/her own decisions. Do you believe you will feel safe to make your own decisions/share your own wishes throughout mediation?

Yes _____ No _____

4. There is no guarantee the parties will be able to reach agreement through mediation, since it is up to the parties, and not the mediator, to decide if agreement is possible. If mediation results in no agreement, do you believe it will make things worse between you and the other party?

Yes _____ No _____

5. Do you have any pending court case(s) or previously resolved court case(s) with the other party?

Yes _____ No _____

If yes, provide case number: _____

6. How will the mediator know if you are uncomfortable during the mediation?

7. Have you had any physical confrontations with the other party?

Yes _____ No _____

8. Has the other party ever caused you to feel threatened or harassed?

Yes _____ No _____

Please provide the best contact information where a staff member can contact you, should further follow up be necessary: _____

FRANKLIN COUNTY MUNICIPAL COURT
PRE-FILE MEDIATION PROGRAM- LETTER TO RESPONDENT

DATE: _____

Directions for Claimant (Party Requesting Mediation):

Enter the name(s) and address(es) of the party or parties you wish to mediate with (also called the Respondent(s)). Address information must fit in boxes. Complete one letter for each Respondent.
[REQUIRED]

Enter the name of the party or parties requesting mediation (also called the Claimant). [REQUIRED]

Enter information that you (the Claimant) want the other side (the Respondent) to know about your mediation request (For example, what are you requesting and why are you requesting this?). [REQUIRED]

Complete this information if you want to give the other party the option to contact you directly to try to resolve this issue with you outside of mediation. **Only share information if you want to give the other side the option to contact you directly.**
[OPTIONAL]

Respondent(s)

1) _____

Respondent Name, Street Address, City, State, Zip Code

2) _____

Respondent Name, Street Address, City, State, Zip Code

Dear Sir/Madam:

Name of Claimant

contacted the Franklin County Municipal Court Dispute Resolution Department to request pre-file mediation (also called pre-lawsuit mediation) with you regarding:

In addition to requesting mediation, the Claimant has also provided to you their contact information as follows in case you would like to contact the Claimant directly, **INSTEAD OF USING MEDIATION** (Not Applicable if left blank):

Telephone Number: _____

Email Address: _____

Other: _____

Pre-file Mediation is a free service provided by the Court and is a chance to resolve the situation on your own terms, on your own time, outside of a courtroom. Participation in Pre-File mediation is voluntary. If you would like to accept the mediation request, return the attached mediation acceptance form promptly, as there is no guarantee as to how long the Claimant is willing to wait before deciding on next steps, if any.

Thank you,

Franklin County Municipal Court Pre-File Mediation Program

FRANKLIN COUNTY MUNICIPAL COURT
**PRE-FILE MEDIATION PROGRAM- NOTIFICATION TO CLAIMANT THAT PRE-FILE MEDIATION
REQUEST WAS PROCESSED**

Directions for Claimant (Party Requesting Mediation):

If you want the Pre-File Mediation Program to notify you that your Pre-file Mediation Request has been processed, please enter your name(s) and address(es) so that we may send you this letter once our mediation program has processed your request. Address information must fit in box(es). Complete one letter for each Claimant.

Enter the name of the party or parties that you requested mediation with (also known as the Respondents). Enter this information so that you know which request we have processed—this is helpful if you have submitted more than one request to our Pre-File Mediation program.

Claimants(s)

1) _____

Claimant Name, Street Address, City, State, Zip Code

2) _____

Claimant Name, Street Address, City, State, Zip Code

1) _____

Respondent Name

2) _____

Respondent Name

Dear Claimant:

The Mediation Program has processed your Pre-File mediation request. The Letter(s) to Respondent have been mailed. As a reminder, participation in the pre-file mediation program is completely voluntary for all parties. The Pre-File Mediation Program does not impose any response deadline on the Respondent—it is up to you how long you are willing to wait.

Due to the large number of Pre-File Mediation Requests our office receives, we are typically not able to provide automatic status updates beyond this letter. We will only contact you if the Respondent contacts our office to accept your pre-file mediation request.

For more information about our services, please see our website at smallclaims.fcmclerk.com. If you need legal advice, consult with our own attorney.

Thank you,

Franklin County Municipal Court Pre-File Mediation Program