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## SCHEDULE MEDIATION

With Jerry Hoover

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Please submit the information requested below so that we may contact you and confirm a mediation.

**\* Name:**

**Assistant's Name:**

**Firm/Company:**

**\* Phone Number:**

**Fax Number:**

**\*Email Address:**

**Assistant's Email Address:**

**Dates of Interest:**

### Case Information:

**Cause Number:**

**Style of Case:**

**# of Parties:**

**Amount in Controversy:**

**Name of Party you represent:**

**Opposing Counsel Information:**

**Name:**

**Address:**

**Phone:**

**Fax:**

**email:**

**Name of Party Represented by Opposing Counsel:**

**Nature of Case:**

**Trial date/Arbitration date:**

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