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| DAD-BARP-026.docx (rev.01/24) | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Wisconsin Farm Center  P.O. Box 8911, Madison, WI 53708-8911  Phone: (800) 942-2474 Fax: (608) 224-5107 | | | | | | |
| Mediation Request Form | | | | Wis. Stat. § 93.50 | | | |
| This form may be completed electronically and emailed to [farmcenter@wisconsin.gov](mailto:farmcenter@wisconsin.gov). | | | | | | | |
| Applicant Information | | | | | | | |
| Name: | | | Phone: (     )     - | | Email: | | |
| Spouse: | | | | County: | | | |
| Street: | | City: | | | | State: | Zip: |
| Other adult family members involved in the farming operation | | | | | | | |
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| Wisconsin Farm Center Volunteer Advisor (if working with one): | | | | | | | |
| Attorney, accountant, or other paid advisor information | | | | | | | |
| Name: | | | Phone: (     )     - | | Email: | | |
| Street: | | City: | | | | State: | Zip: |
| Do you want notices regarding mediation to be sent to this individual?  Yes  No | | | | | | | |
| Do anticipate this individual attending mediation sessions?  Yes  No | | | | | | | |
| Please describe any current or anticipated litigation: | | | | | | | |
|  | | | | | | | |
| Please describe your view of this conflict and what you believe might be necessary to reach resolution: | | | | | | | |
|  | | | | | | | |
| Participant Information | | | | | | | |
| List parties you believe you should mediate with: | | | | | | | |
| Party: | | | | Contact: | | | |
| Street: | | City: | | | | State: | Zip: |
| Phone: (     )     - | | | | Email: | | | |

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| Party: | | Contact: | | |
| Street: | City: | | State: | Zip: |
| Phone: (     )     - | | Email: | | |

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| Party: | | Contact: | | |
| Street: | City: | | State: | Zip: |
| Phone: (     )     - | | Email: | | |
| Attach additional sheets as needed. | | | | |

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| Mediator Selection and Release of Information | |
| I request that the Farm Mediation and Arbitration Program (FMAP) select a qualified mediator based on mediator availability, geographic location and other factors related to my case. If I become aware of a conflict or other problem involving the selected mediator, I will immediately notify the FMAP office.  I consent to the release to FMAP, by any party listed on this application, of information relevant to this request, including but not limited to adverse determinations made by an agency of the United States Department of Agriculture. I consent to the release of information, by the FMAP, to the FMAP mediator selected for my case. I understand that this information is to be used only for purposes related to the mediation process and that both FMAP and the mediator will treat all information so obtained as confidential in nature, except where disclosure is required by state or federal law. | |
|  |  |
| Signature(s): | Date: |

Wis. Stat. § 93.50(2)(e) requires all mediators and arbitrators keep confidential all information and records obtained in conducting mediation and arbitration. The Department shall keep confidential all information and records that may serve to identify any party to mediation and arbitration under this section. Any information required to be kept confidential under Wis. Stat. § 93.50(2)(e) may be disclosed if the Department and the parties agree to disclosure.

Completing this form is required to request mediation services from the Farm Mediation and Arbitration Program. Personal information that you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. §15.04(1)(m)).