



Mediation Referral Form

Date: _____ Case Type _____

Referred By: _____ Phone: _____

INITIATOR

Name

Street Address

City State Zip Code

Phone

E-Mail

ATTORNEY (if applicable)

Name

Firm

Street Address

City State Zip Code

Phone

E-Mail

RESPONDENT

Name

Street Address

City State Zip Code

Phone

E-Mail

ATTORNEY (if applicable)

Name

Firm

Street Address

City State Zip Code

Phone

E-Mail

Please e-mail to Case Management at
newcase@ccrchicago.org

Case Management can be reached at 312-922-6464 ex.222