

Case File Number _____

REQUEST FOR MEDIATION UNDER EDR PLAN

Submitted under the procedures of the Employment Dispute Resolution Plan for the
United States Bankruptcy Court, Eastern District of Kentucky

Prior to completing this form, please refer to the Employment Dispute Resolution Plan for the United States Bankruptcy Court, Eastern District of Kentucky.

Please attach a copy of the REQUEST FOR COUNSELING FORM filed in connection with this matter. This mediation request form must be submitted within 15 days after receipt of the notice of the conclusion of the counseling period. The period for mediation is 30 days or less beginning on the date this form is received by the EDR Coordinator. The employee is required to attend at least one mediation session. Please submit this form and attachment(s) to your court/office/agency's EDR Coordinator.

Failure to pursue mediation will preclude further processing of your claim.

1. Date Submitted:

2. Full Name of Person Requesting Mediation:

3. If any of the information supplied in the REQUEST FOR COUNSELING UNDER EDR PLAN form (attached) filed in connection with this matter is no longer accurate, please note the number of the entry on the REQUEST FOR COUNSELING form to be changed; and state the change(s) you wish to make:

Case File Number _____

This request for mediation is submitted by:

Signature

Date

Name of EDR Coordinator to whom submitted:

Signature of EDR Coordinator: _____

Date: _____

Name of Mediator to whom referred: _____

Date: _____

Address: _____

Phone: _____

To Be Completed by the Parties Participating in Mediation

Name of Party Requesting Mediation

Name of Party Responding for Employing Office

Address

Address

Phone

Phone

Signature

Signature

If any party above is represented, please complete the following:

Name of Representative for Above Party

Name of Representative for Above Party

Address

Address

Phone

Fax

Phone

Fax

Signature

Signature