**MARIN COUNTY BAR ASSOCIATION**

**MODEST MEANS MEDIATION PROGRAM**

**Request for Assignment to Program**

|  |  |
| --- | --- |
| Name(s) |  |
| Address |  | City |  | State |  | Zip |  |
| Email |  | Tel |  |

Case name: (e.g., Smith v. Jones Corporation):

Click here to enter text.

Case number: Click here to enter text.

Settlement Conference Date: Click here to enter text.

This form is submitted on behalf of the following party(ies):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name(s) |  | Tel |  | Email |  |

Enclosed is my/our nonrefundable fee (see instructions):

$ Click here to enter text.

**Qualification for program**

This case qualifies for this program on the following basis:

[ ]  At least one party in this case is self-represented.

[ ]  One or more attorneys are handling the case on a charitable or *pro bono* basis. Government or in-house attorneys do not qualify as *pro bono* under this rule.

**Acknowledgements**

By signing or submitting this form, I/we understand that the Marin County Bar Association offers this program as a public service, and that the MCBA is not responsible for the conduct or results of the mediation. I/we agree to comply with the program rules, which I have received and read.

Date: Click here to enter text.

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Signature Printed Name