

# Bloom Mediations – Mediation Request Form

Please Complete and Submit to: [mediations@dukebloom.com](mailto:mediations@dukebloom.com)

Name, Firm, Email and Phone Number of Person Requesting Mediation

## Case Information:

Case Name:

Case Number:

County pending:

Presiding Judge:

Dates Requested: \_\_\_\_\_

\_\_\_\_\_ Morning: 9:00 to 12:00    \_\_\_\_\_ Afternoon: 1:30 to 4:30    \_\_\_\_\_ Full Day: Beginning at 9:00

## Location:

\_\_\_\_\_ TEAMS video conference

\_\_\_\_\_ In person

Office of:

Address:

Office Number:

Phone Number:

Email:

## Lead Counsel:

Name

Email Address

Phone Number (office and mobile)

Lead counsel is required to provide date, time, location or TEAMS information to their co-counsel, clients, and insurance representatives.