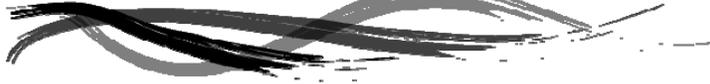


# SIX RIVERS



Community Mediation  
Facilitations  
Mediator Training  
Education

## Oregon's USDA FSA Certified Agricultural Mediation Program

### Request for Voluntary Mediation

#### For disputes involving actions and decisions concerning USDA programs

I (we) \_\_\_\_\_ request voluntary mediation under the Oregon USDA Certified Agricultural Mediation Program (OAMP).

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

List the person(s) and/or USDA agency you are requesting mediation with:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Briefly describe the situation or dispute: \_\_\_\_\_

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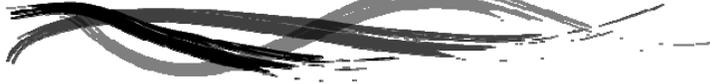
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# SIX RIVERS



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Please list any other individuals you would like have participate in the mediation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby give permission to the OAMP to release information provided to the mediator assigned to the case. I understand this information is being released for the purpose of mediation only and shall not be released for any other purpose without my permission. By returning this completed request form, I am requesting to initiate a mediation case.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please forward this completed request to the Oregon USDA FSA Certified Agricultural Mediation Program at the following address:

**Oregon Agricultural Mediation Program**  
**205 Wasco Loop, Suite 101**  
**Hood River, OR 97031**

**Phone: (888) 628-4101**

**Fax: (541) 386-2189**

**Website: [www.6rivers.org](http://www.6rivers.org)**

The other parties involved in this mediation will be notified within five (5) working days after OAMP receives an initial written request. OAMP will forward a copy of this document to the other parties as part of the request for mediation. Please keep a copy of this document for your records.

If this form is used as a person's initial mediation request following an adverse determination letter from a USDA agency, **it must be postmarked or faxed within 30 calendar days of the date of the agency's letter.**

Please contact Marti Kantola, Program Director, directly with any questions.