



# MONTANA DEPARTMENT OF **AGRICULTURE**

## REQUEST FOR MEDIATION

Date	
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Requesting Party			
Primary Phone		Email	
Address		City/State/ZIP	

Other Party		Contact	
Primary Phone		Email	
Address		City/State/Zip	

Please give a short overview of the situation to date and your role with your respective organization.

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What do you think are the main issues in this dispute?

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What is your ideal outcome, or what would you like to see come out of the mediation session?

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What do you think may be the biggest obstacles to overcome?

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Is there any other information you would like to share with the mediator prior to the mediation?

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**If assistance is required, contact:**

Marty Earnheart  
Mediation Program Manager  
Montana Department of Agriculture  
406-444-9126  
mearnheart@mt.gov