

Zareh & Associates Mediation Services

Hearing Request Form

Date Submitted

Your Name

Telephone

Your Firm Name

Your Mailing Address

Your Client

Plaintiff _____ Defendant _____ (check one)

Other Parties (use reverse if needed)

Name of Party Plaintiff _____ Defendant _____

Represented By

Telephone

Mailing address

Name of Party Plaintiff _____ Defendant _____

Represented By

Telephone

Mailing address

Case Name

Type of Case

Status of Case

1. Litigation: Yes ___ No ___

2. Trial Date or other Key Dates: _____

Hearing Dates Desired _____

Special Instructions/Comments _____

Please send this completed form to: Elizabeth A. Zareh
Arbitration/Mediation Services by fax (415) 956-3765 or
by mail to One Maritime Plaza, Suite 1600, San Francisco, Ca 94101

The minimum hearing fee of \$1100 will be due on notification of
The hearing date