

**Second Judicial Circuit of Florida
Alternative Dispute Resolution Unit
Leon County Courthouse, Room 248
301 South Monroe Street
Tallahassee Fl, 32301-1861**

County Civil Mediation Intake Form

To schedule a mediation appointment complete this form and mail it to the above address or email it to Mediations@leoncountyfl.gov.

Today's Date: _____

Case Number: _____

County: _____

Are you the: Plaintiff Defendant Insurance Representative

Please fill out all sections below that apply to you.

If you are an individual:

Name: _____

Address: _____

Telephone: _____ Email: _____

If you are a Corporation:

Name of Corporation/Business: _____

Corporation/ Business Representative: _____

Address: _____

Telephone: _____ Email: _____

(As a corporation or business your representative must have full authority to settle without further consultation. (Fla. R. Civ. Pro. 1.720 (c)) Both the corporation or business representative and any attorney of record must appear at mediation. (Fla. R. Civ. Pro. 1.720 (c))

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If you are an Insurance Representative:

Name: _____

Address: _____

Telephone: _____ Email: _____

(The following person must be physical present at mediation: “A representative of the insurance carrier for any insured party who is not such carrier's outside counsel and who has full authority to settle in an amount up to the amount of the plaintiff's last demand or policy limits, whichever is less, without further consultation.” Fla. R. Civ. P. 1.720)

Do you have an attorney? Yes No

Name of attorney: _____

Attorney's telephone number: _____ Email: _____

Attorney's Address: _____

Additional Information: