

REQUEST FOR SERVICES

All information in this form is confidential.

If mediation is the requested service, this document is not a public record.

Date: _____

1. Name and contact information for the organization requesting GCRS.
(required)

Organization: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

2. If you or your organization is represented by an attorney, please provide the attorney's name and contact information.

Attorney Name: _____

Address: _____

Telephone: _____

Email: _____

I have read and agree to the [GCRS Confidentiality Agreement](#)