



DEPARTMENT OF FINANCIAL SERVICES

Division of Consumer Services – Alternative Dispute Resolution Unit

MEDIATION DISPOSITION FORM

To be completed by the mediator for Personal Residential or Commercial Residential Mediation.

Insurance Company:			
Insured Name:			
Claim Number:		DFS File Number:	
Mediation Conference Information			
Conference Date:		Time:	
Address:			
Mediator Name:			
Name of Party Requesting Mediation:			
Resolution of Mediation (Please select one of the following)			
<input type="checkbox"/> Settled in Mediation		<input type="checkbox"/> Impasse	
<input type="checkbox"/> Settled Prior to Mediation			
<input type="checkbox"/> Policyholder Did Not Attend Mediation		<input type="checkbox"/> Company Representative Did Not Attend Mediation	
<input type="checkbox"/> Mediation Request Withdrawn by Submitter			
<input type="checkbox"/> In-Eligible for Mediation			
Mediator Comments: (Note: If Commercial Residential mediation, include hours worked):			

Complete this form and return it to:

DEPARTMENT OF FINANCIAL SERVICES
Division of Consumer Services
Alternative Dispute Resolution Section
200 E. Gaines Street
Tallahassee, Florida 32399-4212
Mediation@MyFloridaCFO.com
Fax 850-488-6372