



**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:	
<b>Mediation Conference Information</b>			
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 Mediation Request Withdrawn by Submitter			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:		<b>DEPARTMENT OF FINANCIAL SERVICES</b> <b>Division of Consumer Services</b> <b>Alternative Dispute Resolution Section</b> <b>200 E. Gaines Street</b> <b>Tallahassee, Florida 32399-4212</b> <a href="mailto:Mediation@MyFloridaCFO.com">Mediation@MyFloridaCFO.com</a> <b>Fax 850-488-6372</b>	