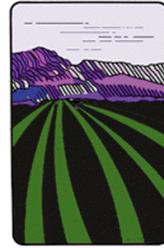


Oregon Farm Mediation Program
Oregon Department of Agriculture
635 Capitol St NE
Salem OR 97301-0110
(503) 986-4558
1-800-347-7028



Oregon
Department
of Agriculture

APPLICATION FOR LABOR MEDIATION

Employer Name:

Address:

City/State/Zip:

Telephone:
daytime/evening

Name of Attorney/Counsel
and phone number:

Type of Operation:

Acres Farmed:

Other Parties to
the Dispute:
Employee
Name(s):

Address:

City/State/Zip:

Telephone:
daytime/evening

Name of Attorney/Counsel
and phone number:

Other information:

To assist the mediator understand the situation, please briefly describe the issues of the dispute and the current situation as you see it:

Are you seeking monetary compensation for alleged damages? Yes No

If yes, please provide an estimate of the damages according to your best judgment, or provide documentation of a professional opinion: \$ _____

Is the other party to the dispute seeking monetary compensation for alleged damages?

Yes No If you know how much, please provide an estimate:
\$ _____

I submit this application voluntarily and with the understanding that mediation cannot promise results – the best efforts of the participants are a necessary element for success. I also understand that mediation sessions are confidential settlement negotiations. All communications made in a mediation session are confidential subject to provisions of ORS 36.220.

SIGNED

Name of Party or legal representative

Date