



**COMMONWEALTH OF PENNSYLVANIA  
OFFICE OF GENERAL COUNSEL  
DISPUTE RESOLUTION PROGRAM**  
[www.ogcdr.pa.gov](http://www.ogcdr.pa.gov)

**REQUEST FOR MEDIATION**

**DATE:**

**TO:** Derek Riker, Deputy Chief of Staff

**THRU:** Alexis Dinniman and Nicole M. Werner  
OGC Mediation Coordinator OGC Mediation Director

**FROM:**

**RE:** Request for Mediation

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|--|--|
| Requesting Agency:   |  |
| Requesting Agency Contact Person:<br>(Include name, address, phone, and e-mail address)                                  | Contact Person Name:<br>Address:<br>City, State, Zip:<br>Phone Number:<br>Email Address: |
| Case Name:   |  |
| Tribunal & Docket Number, if any:  |  |
| MMS No:  |  |
| Name of Parties:   |  |
| Name of Counsel & Law Firm<br>Representing Non-Commonwealth Party:<br>(Include name, address, phone, and e-mail address) | Contact Person Name:<br>Address:<br>City, State, Zip:<br>Phone Number:<br>Email Address: |

|   |   |
|---|---|
| <p><b>Commonwealth Counsel:</b><br/>(Include name, address, phone, and e-mail address)</p>    | <p><b>Commonwealth Counsel Name:</b><br/>Agency Name:<br/>Address:<br/>City, State, Zip:<br/>Phone Number:<br/>Email Address:</p> |
| <p><b>Critical date(s) or time frame, if any, by which mediation needs to take place:</b></p> |   |

**Summary of Dispute:**

**Why dispute is appropriate for mediation:**

**OGC Approval:**

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**Nicole M. Werner**                      **Date**  
**OGC Mediation Director**