

**IN THE COUNTY COURT IN AND FOR OKALOOSA COUNTY, FLORIDA  
-SMALL CLAIMS DIVISION-**

**MEDIATION – NO AGREEMENT**

\_\_\_\_\_ Case #: \_\_\_\_\_  
\_\_\_\_\_ Mediator: \_\_\_\_\_  
Plaintiff(s) Defendant (s)

Mediation in the above referenced case was conducted on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The parties to this mediation were given information and instructions on the mediation process and allowed to ask questions prior to discussions. Each party had an opportunity to participate in the process and present pertinent information and documentation.

Current addresses, e-mail and telephone numbers of the parties are:

Plaintiff(s)	Defendant(s)
_____	_____
_____	_____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Each party agrees to notify the Clerk’s office of any change of address/e-mail within 20 days. This shall be done in writing and delivered by mail or in person.

Parties request the Court take into account the following when scheduling the trial:

Out of Town:	Dates	Witnesses:	Number:
_____ Plaintiff	_____	_____ Plaintiff	_____
_____ Defendant	_____	_____ Defendant	_____

We, the undersigned, understand and acknowledge that an agreement could not be reached in this case through mediation, and that the matter will be referred back to the court for further action or decision.

Receipt of Small Claims trial information sheet acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

_____	_____
Plaintiff(s) Signature	Defendant(s) Signature
_____	_____
_____	_____
Mediator’s Signature	Mediator Program Director or Designee Signature