Petitioner			
Mailing Add	dress		
City	State	Zip Code	
Telephone Number (Daytime)			
	v.		
Attorney			
Mailing Add	dress		
City	State	Zip Code	ABA Date Rec'd Stamp
Telephone	Number (Office))	
	RE	_	OR MEDIATION ar Association
	AB	A File No. (ABA	20F Use Only)
PLEASE SIGN AND DATE:			
	ve (circle one) read/ Dispute form.	completed	the enclosed Petition for Arbitration for
2. I request the opportunity to work out my differences with my (circle one) attorney/client through mediation.			
DATE:			Cinco atrage*
DI FACE CIII	DWIT VOUD ODIO		Signature
*PLEASE SUBMIT YOUR ORIGINAL REQUEST FOR MEDIATION WITH YOUR ORIGINAL SIGNATURE. THE ALASKA BAR ASSOCIATION CANNOT ACCEPT A COPY OR FAX OF YOUR PETITION FOR FEE ARBITRATION. PLEASE KEEP A COPY OF EVERYTHING YOU SUBMIT TO OUR OFFICE FOR YOURSELF.			
(Rev: 1/07/04)			G:\Ds\Mediation\FORMS\Request Mediation