



Maine Labor Relations Board  
**MEDIATION REQUEST FORM**

MLRB Form 5

**Requesting Party:**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

**Opposite Party:**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

Name all Units involved:

DESCRIPTION OF ISSUE(S) TO BE DISCUSSED IN MEDIATION (*List issues in dispute*):

This is for an initial contract

Successor contract

Reopener

Termination or reopener

Date: \_\_\_\_\_

Signature and capacity of requesting party \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Pursuant to Maine Labor Relations Board Rules, Chapter 13, §4, a party requesting mediation services must provide by mail or hand delivery to the Board's office a payment of \$750, which is the party's share of the estimated costs of mediation services. The Board shall bill or reimburse the parties for any difference between the estimated costs that were collected and the actual costs of providing services.

Pursuant to Maine Labor Relations Board Rules, Chapter 10, §7, this form must be filed electronically by sending it as an attachment in an email sent to [mlrb@maine.gov](mailto:mlrb@maine.gov). If you are unable to file electronically, you must include a signed Request For Exception To Electronic Filing Requirement (MLRB Form 8).