



# INAFA' MAOLEK CONCILIATION

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## Service Request Form

Please print information. Thank you.

Date of referral \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Organization \_\_\_\_\_

Referring person \_\_\_\_\_ Position / Title \_\_\_\_\_

Contact # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Disputant \_\_\_\_\_ Contact # \_\_\_\_\_

Name of Disputant \_\_\_\_\_ Contact # \_\_\_\_\_

Name of Disputant \_\_\_\_\_ Contact # \_\_\_\_\_

Name of Disputant \_\_\_\_\_ Contact # \_\_\_\_\_

**Others harmed by action or involved in the conflict: Name, Position, and Contact Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **SERVICE REQUESTED:**

\_\_\_\_\_ Restorative Justice      \_\_\_\_\_ Mediation      \_\_\_\_\_ Peer Mediation

\_\_\_\_\_ Conflict Coaching      \_\_\_\_\_ Creating Lasting Family Connections

**Describe the Conflict (please be as specific as possible):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What intervention or disciplinary action has been taken?**

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**What outcomes are you seeking?**

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**What are some of the possible consequences for the participants failing to fully participate in the process?**

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**Are you prepared to accept the outcome?      YES      NO**

**Are you willing to participate or willing to enable your staff to participate in the process?      YES      NO**