

**VERMONT LANDLORD ASSOCIATION AND VERMONT LEGAL AID
LANDLORD-TENANT MEDIATION PROGRAM
Program Application**

SECTION 1: Landlord Information (to be filled in by Landlord)

Landlord Name (if entity): _____
Landlord Individual Name: _____
Phone number: _____ Email: _____
Cell Phone Number: _____
Landlord Address: _____
City: _____ State: _____ Zip Code: _____
Is there a pending eviction action with the Court? No Yes, Docket No.: _____

SECTION 2: Landlord Attorney Information (to be filled in by Landlord)

Do you have an attorney? Yes No If Yes, please fill in Attorney information.
If No, would you like assistance in finding an attorney? Yes No
(You can skip the rest of this section)

Landlord Attorney Name: _____
Attorney Phone Number: _____ Attorney email: _____

SECTION 3: Tenant Information (to be filled in by Tenant)

Tenant First Name: _____ Tenant Last Name: _____
Phone number: _____ Email: _____
Cell Phone Number: _____
Rental Address: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip Code: _____

Names of all other adult household members:

#1 First Name: _____ Last Name: _____
#2 First Name: _____ Last Name: _____
#3 First Name: _____ Last Name: _____
#4 First Name: _____ Last Name: _____
#5 First Name: _____ Last Name: _____

Is there a pending eviction action with the Court? No Yes, Docket No.: _____

SECTION 4: Tenant Attorney Information (to be filled in by Tenant)

Do you have an attorney? Yes No (If no, someone from Vermont Legal Aid will contact you. And you can skip the rest of this section.)

Tenant Attorney Name: _____
Attorney Phone Number: _____ Attorney email: _____

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SECTION 5: Mediator Selection: Please review the attached brief description of the mediators. Together choose from the following options or indicate first and second choice for each of you. If there is someone on the list that you do NOT want to have as your mediator, indicate that as well.

- Brian Miller Adam Powers Tad Powers Brian Sawyer Susan Terry
 No Preference We Cannot Agree on a Mediator, please assign one

Please do not assign: _____

SECTION 6: Mediation Certifications

Landlord initial each statement to indicate you agree:

- ____ I am voluntarily participating in this mediation program and process.
____ I agree to use the mediator that is assigned to my application.
____ I understand that certain information will not be confidential, including this application, the Mediator Report, and any mediator evaluation that I provide.
____ I acknowledge that the mediation will be held virtually, and that I will ensure that I have access to the Zoom platform with a sufficient internet connection.

Landlord Signature

Date

Landlord Signature

Date

Tenant initial each statement to indicate you agree:

- ____ I am voluntarily participating in this mediation program and process.
____ I agree to use the mediator that is assigned to my application.
____ I understand that certain information will not be confidential, including this application, the Mediator Report, and any mediator evaluation that I provide.
____ I acknowledge that the mediation will be held virtually, and that I will ensure that I have access to the Zoom platform with a sufficient internet connection.

Tenant Signature

Date

Tenant Signature

Date

Tenant Signature

Date