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| Form No. 5 |  | |  |  | |  | |  | |  |  | |  | |
| **Mediation Application (Record)** | | | | **Receipt Date: [insert date/time] 1 Page** | | | | | | | | |  | |
| **Receipt Number:** | | | | | **Case No: Year Tiao Zi No.** | | | | | |
| Title | | Name | | Gender | | Birthdate | National ID. No. | | Occupation | | Address | Contact Number | | |
| Applicant | |  | |  | |  |  | |  | |  |  | | |
| 〈Statutory Agent〉 | |  | |  | |  |  | |  | |  |  | | |
| 〈Appointed Agent〉 | |  | |  | |  |  | |  | |  |  | | |
| Counter Party | |  | |  | |  |  | |  | |  |  | | |
| 〈Statutory Agent〉 | |  | |  | |  |  | |  | |  |  | | |
| 〈Appointed Agent〉 | |  | |  | |  |  | |  | |  |  | | |
| The above parties have applied for mediation in respect of [insert subject matter], and the matter’s summary (and the acceptable mediation terms) are as follows: | | | | | | | | | | | | | |
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| (The dispute is under investigation by the [ ] District Prosecutors Office with the case number:  [insert case number].) | | | | | | | | | | | | | |
| Exhibits (Name and the number of pieces) | | |  | | | | | | | | | | |
| Request for Investigating Evidences | | |  | | | | | | | | | | |
| To [insert county(city) and township (district)] Mediation Committee  Dated this day of , | | | | | | | | | | | | | |
|  | | | | |  |  | |  | |  |  | |  | |
|  |  | |  | | **Applicant:** | | |  | |  | **〈Signature or Seal〉** | | |
| **The accuracy of above records, having been read to or reviewed by the Applicant, is hereby acknowledged by the Applicant.** | | | | | | | | | | | | | |
|  |  | |  | | **Recorder:** | | |  | |  | **〈Signature or Seal〉** | | |
|  |  | |  | | **Applicant:** | | |  | |  | **〈Signature or Seal〉** | | |
| Remarks: 1. | Duplicates of the Mediation Application shall be provided in accordance with the number of the counter parties. | | | | | | | | | | | | |
| 2. | If the applicant or the counter party is an incapacitated person or a person with limited capacity, please insert the statutory agent of such party. | | | | | | | | | | | | |
| 3. | If a party has a statutory agent or an appointed agent, please insert the information in the “title” column; if a party has both, both information shall be inserted. | | | | | | | | | | | | |
| 4. | The “matter’s summary” shall summarize the dispute between the parties. If the matter is pending the court proceedings or the prosecutors’ office investigation (no mediation shall be applied for if the deliberation proceeding is concluded at the court of first instance), please also insert the relevant case number and the latest development. | | | | | | | | | | | | |
| 5. | If the applicant requests for investigating evidences, pleas insert the name of evidences or the name and address of witnesses in the “Request for Investigating Evidences” column. | | | | | | | | | | | | |
| 6. | When submitting the Mediation Application, please delete the word “Records” in the title and the last column of this form. | | | | | | | | | | | | |