

# Mediator Information Sheet

Date:	
Name:	Attorney Reg. #, if applicable
Office Address:	Phone:
Foreign languages spoken:	
Years of practice:	;                      in Colorado;                      in Probate
Areas of practice:	
Additional Comments:	
Please indicate whether you carry more than \$100,000 in malpractice insurance <input type="checkbox"/> YES <input type="checkbox"/> NO	

## FEES\*

SERVICE	FEE

\* The mediator is responsible for preparing the fee agreement. In the event of a fee dispute, the mediator's fee reported in this form will be the fee amount presumed.

Submit:  
 Mail: Denver Probate Court, City and County Building, 1437 Bannock ST., Room 230, Denver, CO 80202  
 Email: [micki.harris@judicial.state.co.us](mailto:micki.harris@judicial.state.co.us)  
 Fax: 720.865.8576