

Mediation and Meeting Center of Charleston
www.mediationcharleston.org
843-720-3720

APPLICATION FOR VICTIM-OFFENDER MEDIATION SERVICES

Please write legibly!

Name of Court: _____

Nature of Charges: _____

Name, telephone number and email address for:

Victim(s) _____

Solicitor/ Prosecutor: _____

Offender/Defendant: _____

Defendant's Attorney: _____

I have read the MMCC information regarding victim-offender mediation and I request that a victim-offender mediator contact me to discuss the possibility of using victim-offender mediation in this case. This request is not an admission or statement of any sort.

Signed: _____

Printed Name: _____

I am the : Victim / Defendant (circle one)

Date: _____, 2010

Please return this application to : MMCC c/o Lindsey Rash
602 Rutledge Avenue, Charleston, SC, 29403
lindsey.mmcc@gmail.com ~ fax: 843-266-2627