



**NC DISPUTE RESOLUTION COMMISSION
PO BOX 2448
RALEIGH, NC 27602
(919)-890-1415**

MEDIATOR REQUEST FOR ADVISORY OPINION

1. Name: _____
2. Address: _____

3. Email: _____
4. Phone: _____
5. Request for Advisory Opinion:

6. Mediator requests to remain anonymous: _____ (yes or no).

By signing this request form, the mediator acknowledges the request is based upon actual events occurring or issues arising in cases in which the requesting mediator is or has been involved.

Date: _____ Mediator name: _____
Signature: _____

For NCDRC use only:

This request for an Advisory Opinion _____ is _____ is not approved.

Date: _____

Approved by: _____