Form No. 5

Date:

Mediation Application		Receipt Date:				[insert date/t	[insert date/time]	
		Receipt Number:			Case No:			
Title	Name	Gender	Birthdate	National ID. No.	Occupat ion	Address	Contact	
Applicant ⟨ Statutory Agent ⟩ ⟨ Appointed Agent ⟩ Counter Party								
⟨ Statutory Agent ⟩ ⟨ Appointed Agent ⟩								
The above parties have (and the acceptable med Time: Location: Subject matter:	= =	_	ct of linse	ert subject n	natter], a	nd the matter's sun	nmary	
(The dispute is under in [insert case nu] Distr	ict Prosecut	ors Offic	ee with the case nu	mber:	
To Taichung City North	n District Mediation C	Committe	ee					

Remarks: 1. Duplicates of the Mediation Application shall be provided in accordance with the number of the counter parties.

Applicant:

- 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.

⟨ Signature or Seal ⟩

- 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.