

**Attn: Bruce Delaney**  
**Florida Agricultural Mediation Service**  
**PO Box 110210, Room 1038**  
**University of Florida**  
**Gainesville, FL, 32611-0210**

**Mediation Report**

**Producer/party requesting mediation:** \_\_\_\_\_

**USDA Agency involved:**    \_\_\_ FSA    \_\_\_ FCIC    \_\_\_ RD    \_\_\_ Other

**Date of mediation:** \_\_\_\_\_    **Location of Mediation:** \_\_\_\_\_

**Mediator:** \_\_\_\_\_

**Outcome:**

\_\_\_ **Full Agreement Reached**

\_\_\_ **Partial Agreement Reached**

\_\_\_ **Continued until**

\_\_\_ **Impasse as of (Date)**

\_\_\_ **Terminated**

**Mediator's Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Mediator Number:** \_\_\_\_\_