



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR RELATIONS
PETITION FOR MEDIATION AND FACT-FINDING
IN PUBLIC EMPLOYMENT OR VOLUNTARY
INTEREST MEDIATION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed

The petitioner hereby requests that the DLR proceed under the applicable provisions of M.G.L. c.150E, Section 9, M.G.L.c.150, Section 6 and 456 CMR 21.00.

1. Employer's Name		2. Telephone Number
3. Employer's Address (street and no., city/town, state, and zip code)		4. Fax Number
5. Employer's Labor Relations Representative	6. Email Address	7. Telephone Number
8. Employer's Representative's Address (street and no., city/town, state, and zip code)		9. Fax Number
10. Labor Organization's Name		11. Telephone Number
12. Labor Organization's Address (street and no., city/town, state, and zip code)		13. Fax Number
14. Labor Organization's Representative's Name	15. Email Address	16. Telephone Number
17. Labor Organization's Representative's Address (street, city/town, state, and zip code)		18. Fax Number

19 This Petition is being filed: (check one)

Jointly (If checked, complete sections 26 through 31 and skip section 32)

Employer Only (if checked, complete sections 26 - 28 & 32, skip sections 26-28)

Labor Org. Only (if checked, complete sections 29 - 31 & 32, skip sections 26-28)

20. Description of Collective Bargaining Unit Involved:	21. Number of Employee in Unit:
---	---------------------------------

22. Brief Statement of Issue(s) Over Which Impasse Exists:

23. Contract Expiration Date:	24. Date Negotiations Commenced:	25. # Negotiation Sessions to Date
-------------------------------	----------------------------------	------------------------------------

26. Employer's Representative Name	27. Signature	28. Date
------------------------------------	---------------	----------

29. Labor Organization's Rep.'s Name	30. Signature	31. Date
--------------------------------------	---------------	----------

32. CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Petition on the representative of the opposing party.

Method of Service In hand First Class Mail Other (specify): _____

Signature and Title of Person making Certification

801 CMR 4.00
4.02: 456 Department of Labor Relations
 (4) The filing fee for a petition for mediation and fact-finding pursuant to M.G.L. Chapter 150, s.6 and 456 CMR 21.03 or for a request for voluntary interest mediation pursuant to 456 CMR 21.04 is \$1,000; provided, however, that the fee shall be paid in equal shares by the party seeking application and the answering party; provided, further, that the Director of the Department of Labor Relations may, where appropriate, provide for the waiver of the filing fee for any particular controversy or classes of controversies.