



**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE**

**AGRICULTURAL SERVICES DIVISION**  
523 East Capitol Avenue  
Pierre, SD 57501  
Phone: 605.773.4432 Fax: 605.773.3481  
sdda.sd.gov

**REQUEST FOR AGRICULTURAL MEDIATION**

Send this form and \$100 filing fee to the address above.

Date: \_\_\_\_\_ Mandatory \_\_\_\_\_ Voluntary \_\_\_\_\_

Requesting Party: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

The requesting party is the:                      Creditor                      Borrower

Non-Requesting Party: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Alternate Phone : \_\_\_\_\_

Describe the assets of the disputed credit (legal description of land or chattel property):

Explain the nature of the conflict:

Is the borrower(s) in this matter currently in bankruptcy?                      Yes                      No                      Unsure

If the property is under control of a third party who you are not requesting mediation, please complete the following:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

How is the third party affected:

By checking this box, the creditor affirms the debt meets the requirements as defined in SDCL 54-13-10.

Signature of Requesting Party: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

**OFFICE USE ONLY**

Revised 5/19

Case #: \_\_\_\_\_ Check #: \_\_\_\_\_