

Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Court of First Instance

Judicial Region of _____

For use by the CMC

CMC Case No.

Court Case No.

MEDIATION REPRESENTATION AUTHORIZATION FORM FOR INDIVIDUALS

Instructions: With this form, you may authorize a person to participate as your representative in the mediation process, either in person or through videoconferencing. You are entrusting to this person the power to make decisions on your behalf and to sign agreements in your name during the mediation process. This means that you undertake to fulfill such agreements. It is important that you clearly state the extent of the authorization to enter into agreements on your behalf by the person who will represent you in the mediation process. Should you have any doubts as to what representation entails, consult the [Judicial Branch Directory](#) for the corresponding Conflict Mediation Center (CMC), or send an email to mediacion@poderjudicial.pr, or consult your attorney. The CMC does not offer legal advice or counseling. The CMC may provide further instructions along with this authorization form. You may submit a power of attorney in lieu of this authorization form, provided it includes at least the information requested herein.

I, _____
Printed name of the person granting authorization

of legal age, authorize _____
Printed name of the authorized person

who is of legal age and whose home address is _____

to represent me in the case of caption in the following matters (*select only one*):

Participate in mediation in person by videoconferencing, enter into agreements, and agree to the terms of the agreement in my name. I understand and agree to fulfill all the terms of the agreement signed by such person on my behalf.

In _____, _____, this _____ day of _____.
(City) (Country or State) (day) (month) (year)

Signature

If this document is signed before a witness, include the following information:

Name of Witness

Signature of Witness

Physical Address

For use by the Conflict Mediation Center:	
<input type="checkbox"/> Complementary documents relating to this authorization form are attached hereto. (<i>If there are documents, they must be attached to this authorization form.</i>)	<input type="checkbox"/> There are no complementary documents relating to this authorization form attached hereto.