|  |  |  |
| --- | --- | --- |
|  |  |  |

Buenos Aires,

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPEDIENTE DE MEDIACION N°**………………………………/………….. | | | | | | | | |
| …………………………………………………………………………....…………C/………………...……………….………………………………………………… | | | | | | | | |
| S/………….………….... | | | | | Juzgado Nacional en lo …………………….……………… | | N°…………..……….. | Secretaría N°……………… |
| Fecha de presentación en Mesa de Entradas de la Cámara: ……………/……………/…………… | | | | | | | | |
|  | | |  |  |  |  |  |  |
| **RECLAMANTE** | | | | | Nombre: | | | |
| Teléfonos: | | | |
| Constituyó domicilio en: | | | |
|  | | |  |  |  |  |  |  |
| **MEDIADOR** | | | | | Nombre: | | | |
| N° de Registro: | | Teléfonos: | |
| Constituyó domicilio en: | | | |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  | A solicitud del mediador por cuestiones de salud o fuerza mayor debidamente acreditada. | | | | | | |
|  |  |  | | |  |  |  |  |
|  |  |  | | |  |  |  |  |
|  |  | El mediador no puede ser localizado dentro del plazo previsto en el Artículo 16, Inciso b) de la Ley N° 26.589 | | | | | | |
|  |  |  | | |  |  |  |  |
|  |  | El mediador rehusa tomar el caso | | | | | | |
| |  |  | | --- | --- | |  | Otros | | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **ESTADO DEL PROCESO** | ¿Se entregó el Formulario del requerimiento al Mediador? | | | | |  | SI |  | NO |
|  |  |  |  |  |  |  |  |  |
| ¿Se celebró alguna audiencia? | | |  |  |  | SI |  | NO |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Firma y sello del interesado

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***USO INTERNO*** | | | | | | | | | | | | |
|  | |  |  |  |  |  |  | |  | |  | |
| LICENCIA | |  | SI |  | NO | Desde | | | Hasta | | | |
|  | |  |  |  |  |  | | |  | | | |
| BAJA TEMPORARIA | |  | SI |  | NO | Desde | | | Hasta | | | |
|  | |  |  |  |  |  |  | |  | |  | |
| RENUNCIA | |  | SI |  | NO |  |  | |  | |  | |
|  | |  |  |  |  |  |  | |  | |  | |
| INCOMPATIBILIDADES/INHABILIDADES | |  | SI |  | NO |  |  | |  | |  | |
|  | |  |  |  |  |  |  | |  | |  | |
| SUSPENDIDOS | |  | SI |  | NO |  |  | |  | |  | |
|  |  |  |  |  |  |  |  | |  | |  | |
| SEPARACION TEMPORAL | |  | SI |  | NO |  |  | |  | |  | |
|  | |  |  |  |  |  |  | |  | |  | |
| DOMICILIO | |  | CORRECTO |  | INCORRECTO |  |  | |  | |  | |
|  | |  |  |  |  |  |  | |  | |  | |
| TELEFONO/S | |  | CORRECTO/S |  | INCORRECTO/S | |  | |  | |  | |
|  |  |  |  |  |  | |  |  | |  | |  |
|  |  |  |  |  |  | |  |  | |  | |  |
| OBSERVACIONES: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RETIRO RESORTEO** |  |  |  |  |  |  |  |  |  |
|  |  | SI |  | NO |  |  |  |  |
|  |  |  |  | Firma y Sello del interesado |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Fecha Recibido:

Intervino p/ DNMyMPRC