

Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Court of First Instance
Judicial Region of _____

For use by CMC

CMC Case No.

Court Case No.

MEDIATION REPRESENTATION AUTHORIZATION FORM FOR ORGANIZATIONS

Instructions: This form contains the minimum information required for your organization to authorize an individual to participate in the mediation process as a representative, either in person or by videoconferencing. By authorizing this person to act as a representative, the organization is entrusting this person with the power to make decisions and to enter into agreements during the mediation process. This means that the organization undertakes to fulfill such agreements reached during mediation. 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 the organization 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 _____, or consult your attorney. The CMC does not offer
(Select the CMC where your case is being heard)

legal advice or counseling. The CMC may provide further instructions along with this authorization form. You may submit a power of attorney or a resolution of the board of directors in lieu of this authorization form, provided it includes at least the information requested herein. *Please remember to include a copy of the certificate of incorporation.*

I, _____
Printed name of the person granting authorization
of legal age, who holds the position of _____
_____ in the organization / board of
_____ located in _____, _____, certify that I have the authority to
(City) (Country or State)
appoint as representative of this organization / board in the case of caption, the following person

_____ *Printed name of the authorized person*
whose address is _____

This representation applies to 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.