**FECHA**: \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_ / **No. SOLICITUD**: \_\_\_\_\_\_\_\_\_\_ **No. CASO**: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| FINALIDAD DEL SERVICIO |  |  | REQUISITO DE PROCEDIBILIDAD |  |  |
|  |  | RESOLVER DE MANERA ALTERNATIVA EL CONFLICTO | | |

|  |  |
| --- | --- |
| **ÁREA** |  |
| **TEMA** |  |
| **SUBTEMA** |  |

**DATOS PERSONALES DEL SOLICITANTE**

TIPO DE DOCUMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. DOCUMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FECHA Y LUGAR DE EXPEDICIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMER NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEGUNDO NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMER APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEGUNDO APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURAL

JURÍDICA

TIPO DE PERSONA:

PAIS DE ORIGEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA DE NACIMIENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEXO: M \_\_\_\_\_ F\_\_\_\_\_\_ EDAD: \_\_\_\_\_\_ ESTADO CIVIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESTRATO: \_\_\_\_\_\_\_\_\_\_

ESCOLARIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIRECCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BARRIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTAMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIUDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_

TELEFONO FIJO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESPACIO PARA INFORMACIÓN ESPECIAL**

DISCAPACIDAD: SI\_\_\_\_\_\_ NO\_\_\_\_\_\_ ¿CUÁL?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿LA DISCAPACIDAD SE DERIVA DEL CONFLICTO? SI\_\_\_\_\_ NO \_\_\_\_\_\_ ¿PORQUÉ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿PERTENECE A UN GRUPO MINORITARIO? SI\_\_\_\_ NO\_\_\_\_ ¿CUÁL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATOS PERSONALES DE LOS CONVOCADOS**

TIPO DE DOCUMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. DOCUMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JURÍDICA

FECHA Y LUGAR DE EXPEDICIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIPO DE PERSONA:

NATURAL

PRIMER NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEGUNDO NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMER APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEGUNDO APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAIS DE ORIGEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA DE NACIMIENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEXO: M \_\_\_\_\_ F\_\_\_\_\_\_ EDAD: \_\_\_\_\_\_ ESTADO CIVIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESTRATO: \_\_\_\_\_\_\_\_\_\_

ESCOLARIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIRECCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BARRIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTAMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIUDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_

TELEFONO FIJO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIPO DE DOCUMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. DOCUMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JURÍDICA

FECHA Y LUGAR DE EXPEDICIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIPO DE PERSONA:

NATURAL

PRIMER NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEGUNDO NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMER APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEGUNDO APELLIDO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAIS DE ORIGEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA DE NACIMIENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEXO: M \_\_\_\_\_ F\_\_\_\_\_\_ EDAD: \_\_\_\_\_\_ ESTADO CIVIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESTRATO: \_\_\_\_\_\_\_\_\_\_

ESCOLARIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIRECCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BARRIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTAMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIUDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_

TELEFONO FIJO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNDAMENTO FÁCTICO**

LUGAR DE LOS HECHOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIUDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DPTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PRIMERO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
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| **SEGUNDO**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
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| **TERCERO**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
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| Relacione las peticiones o solicitudes para resolver el conflicto: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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**PROPUESTAS DE LAS PARTES**

**CUANTIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MANEJO PREVIO AL CONFLICTO

Directamente sin intervenciones de terceros SI \_\_\_\_ NO \_\_\_\_\_

Con intervención de terceros institucionales SI \_\_\_\_ NO \_\_\_\_\_

Con intervenciones de terceros no institucionales SI \_\_\_\_ NO \_\_\_\_\_

¿Existe documento firmado? SI \_\_\_\_ NO \_\_\_\_\_

**¿CUÁL?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: DÍA\_\_\_\_\_\_ MES \_\_\_\_\_ AÑO \_\_\_\_\_\_

**PRUEBAS APORTADAS**

1. Fotocopia Cédula 150%

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| 1 | 2 | 3 | 4 |  |

1. Fotocopia del Servicio público Estrato:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. **PRUEBAS** |  |  |  |  | | |  | |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| Atentamente, |  |  | Estudiante Conciliador | |  | |  | |
|  |  |  |  |  | | |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  | | |  |
| C.C. N° C.C. N° | | | | |  |  | | |  |
|  | | | | | | | |

**V°B°DOCENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Asesor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_//\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESIGNACIÓN DEL CONCILIADOR DESIGNACIÓN DEL CONCILIADOR**

**(Reemplaza por fuerza mayor o caso fortuito al conciliador Designado).**

**Fecha de Notificación**: \_\_\_\_ / \_\_\_\_ /\_\_\_\_/ **Fecha de Notificación**: \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_ /

¿El Conciliador aceptó la designación? ¿El Conciliador aceptó la designación?

|  |  |
| --- | --- |
| Fecha asignada para audiencia |  |
| Hora de la audiencia |  |

SI \_\_ NO \_\_ Justificación\_\_\_\_\_\_\_\_\_\_ SI \_\_\_\_\_ NO \_\_\_\_\_\_

|  |  |
| --- | --- |
| Fecha asignada para audiencia |  |
| Hora de la audiencia |  |

**FIRMA DE ACEPTACIÓN DEL CONCILIADOR FIRMA DE ACEPTACIÓN DEL CONCILIADOR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C.C. No.\_\_\_\_\_\_\_\_\_\_\_\_ DE\_\_\_\_\_\_\_\_\_\_ C.C. No.\_\_\_\_\_\_\_\_\_\_\_\_ DE\_\_\_\_\_\_\_\_\_**

**T.P.\_\_\_\_\_\_\_\_\_\_ C.S.J. T.P.\_\_\_\_\_\_\_\_\_\_\_ C.S.J.**