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| **Fecha:** |  | | **Centro de conciliación:** | PUBLICO |  | |  |  | | | | |
|  |  | | **Resolución N°:** |  | | | | | | |  | |
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| **Solicitud N°** | |  | **Materia a conciliar:** | Civil o Comercial | |  | | |  | Familiar | |  |

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**Asunto a conciliar:**

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| **INFORMACIÓN DEL SOLICITANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Solicitante(s):** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha de exp.** | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **C.C:** | | | | | | | | | | |  | **Edad**: | 35 | **Estado Civil:** | Unión libre |
| **Ocupación:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Grado de escolaridad** | | | | Ninguna | |  | | Primaria | |  | | Bachillerato | | |  | | | | Tecnológica | | | | | | | |  | | Universitaria | | | | | | |  | | | Postgrado | | | | | | | | |  | |
| **Correo electrónico:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Teléfono:** | |  | | | | | | | | | | | | **Estrato:** | | | | | | | 1 |  | | | |  | |  | | 2 | |  | |  |  | | | 3 | | | |  | | |  | |  | |
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| **Dirección:** | |  | | | | | | | | | | | | **Barrio:** | | | | | |  | | | | | | | | | | | **Ciudad**: | | | | |  | | | | | | | | | |
| **­­­­­­­­­ ¿Hace cuánto empezó el conflicto?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Menos de una semana | | | | |  | | Menos de 1 mes | | | | | | | | |  | | | | | | | Entre 2 y 3 meses | | | | | | | | | | | | | | | | |  | | |
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| Entre 7 y 12 meses | | | | |  | | Más de 1 año | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |
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| **Lugar de los hechos** | | | **Departamento:** | | | | | | Bolívar | | | | | | | | | | | | | | | | **Municipio**: | | | | | | | | Cartagena | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Cómo ha intentado solucionar el conflicto?** | | | | | | | | | | | **Directamente** | | | | |  | | | | | | | | **A través de terceros** | | | | | | | | | | | | | | | |  | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **SI** |  |  | **NO** |  |   **¿Agotamiento de requisito de procedibilidad?**  **En caso de tener apoderado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre: |  | | | | | | | | | | | | T.P. | | | |  | | | | | | | | | | | | | | | | C.C. | | | |  | | |
| Dirección: |  | | | | | | | | | | | | Teléfono: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| e-mail: |  | | | | | | | | | | | | Celular: | | | |  | | | | | | | | | | | | | | | | | | | | | | |

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| **INFORMACIÓN DEL SOLICITADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Solicitado(s):** | **E-mail:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C.C:** |  | | | | | | | **Edad**: | |  | | | | | | **Estado Civil:** | | | | | | | | |  | | | | | | |
| **Ocupación:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Grado de escolaridad** | | | Ninguna |  | Primaria |  | Bachillerato | | |  | Tecnológica | | | | |  | | Universitaria | | | | | |  | | | Postgrado | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Teléfono:** | |  | | | | | | | **Estrato:** | | | | 1 |  |  | |  | | 2 | |  |  |  | | | 3 | |  |  |  | |
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| **Dirección:** | |  | | | | | | | **Barrio:** | | |  | | | | | | | | **Ciudad**: | | | |  | | | | | | | |
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| **HECHOS** | |
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| **CUANTIA** | |
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| |  | | --- | | **ANEXOS** | |  | |  | | **PRUEBAS** | |  | |  | | |
| **DECLARO QUE NO ESTOY EN CAPACIDAD DE SUFRAGAR LOS GASTOS DE UN CENTRO DE CONCILIACIÓN, ASÍ MISMO QUE LA INFORMACIÓN QUE SUMINISTRO ES CORRECTA Y VERAZ. LOS DOCUMENTOS QUE APORTO SON CIERTOS Y LA DIRECCIÓN SUMINISTRADA DEL CONVOCADO ES LA ÚNICA QUE CONOZCO.** | |
| **Solicitantes:**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | |  | | |  | | | | | C.C: |  | de |  | |  | C.C: | |  | de |  | | |  |  |
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| |  |  |  | | --- | --- | --- | | Fecha y hora para la audiencia de la conciliación: | **FECHA** | **HORA** | |  |  |  | | |