

Appendix D
Request to Initiate Mediation Transmittal Form

Note: To be completed and mailed to DRS mediator by party requesting mediation

Date: _____

1. Names of All Parties to the Dispute and Their Role in Transaction

2. Party Requesting Mediation

Name: _____ Telephone: _____

Address: _____

Buyer Seller Broker Salesperson Builder/contractor Other

Professional Liability Insurance Company:

Name and Address of Legal Counsel:

Name: _____ Telephone: _____

Firm: _____ Fax: _____

Address: _____

3. Other Parties

Name: _____ Telephone: _____

Address: _____

Buyer Seller Broker Salesperson Builder/contractor Other

Professional Liability Insurance Company: (if known)

Name and Address of Legal Counsel:

Name: _____ Telephone: _____

Firm: _____ Fax: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Buyer Seller Broker Salesperson Builder/contractor Other

Professional Liability Insurance Company: (if known)

Name and Address of Legal Counsel:

Name: _____ Telephone: _____

Firm: _____ Fax: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Buyer Seller Broker Salesperson Builder/contractor Other

Professional Liability Insurance Company: (if known)

Name and Address of Legal Counsel:

Name: _____ Telephone: _____

Firm: _____ Fax: _____

Address: _____

Name and address of Legal Counsel:

Name: _____ Telephone: _____

Firm: _____ Fax: _____

Address: _____

4. Brief Description of Claim:

5. Amount of money involved: _____

6. Have there been any court pleadings filed in this case? () Yes () No

If yes, are there any trial dates or time limitations involved? () Yes () No

Date _____ Court

County _____ Judge

Court case # _____

7. Do you have authority to enter into and sign a binding written agreement to settle this on behalf of the party you represent? () Yes () No

Comment:

8. Do you need additional information from another attorney? () Yes () No

If yes, what?

9. Has a prior agreement to mediate been signed by the parties? () Yes () No

If yes, please attach copy of the signed agreement.

Please mail the completed form to the Association of REALTORS® office for processing. A completed copy must also be sent to the DRS mediator provider if one has been selected and agreed upon by the parties in advance.

Please provide confidential copy of this form to:

Member Policy Department, 10th Floor
NATIONAL ASSOCIATION OF REALTORS®
430 North Michigan Avenue
Chicago, IL 60611-4087

Name of DRS mediator selected: _____