

**REQUEST TO INITIATE MEDIATION - TRANSMITTAL FORM  
HOMESELLER/HOMEBUYER DISPUTE RESOLUTION SYSTEM**

(To be completed by each party)

**1. Party requesting mediation:** Buyer [ ] Seller [ ]

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. Parties with whom you wish to mediate:** Buyer [ ] Seller [ ]

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. Names of REALTORS involved in the transaction**

Listing Agent: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Buyer's Broker: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Are you requesting either/both of the REALTORS® and their Brokers be part of the mediation?** YES [ ] NO [ ]

**5. If answer to question four (4) is yes, which REALTORS®?** \_\_\_\_\_  
\_\_\_\_\_

**6. If answer to question four (4) is no, do you wish your REALTOR® to be present at the mediation?** \_\_\_\_\_

\_\_\_\_\_

**7. Are there any Insurance Companies involved? If so please give names and addresses:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Legal Counsel (if any)**

**For Buyer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**For Seller:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**9. Has there been formal court pleadings filed in this case?** YES [ ] NO [ ]

If yes, are there any trial dates or time limitations involved?

If yes, Court Case # \_\_\_\_\_ Date \_\_\_\_\_

Court \_\_\_\_\_

County \_\_\_\_\_ Judge \_\_\_\_\_

**10. Do you have authority to enter into and sign a binding written agreement on behalf of the party you represent?** YES [ ] NO [ ]

**11. Do you need additional information from another attorney?** YES [ ] NO [ ]

Comment: \_\_\_\_\_

**12. Amount of money involved:** \_\_\_\_\_

**13. Brief description of claim:**

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**14. Has a prior agreement to mediate been signed by the parties?** YES [ ] NO [ ]

If yes, please attach copy of the agreement.

**15. Do you object to any of the listed Mediators being assigned to this case?**

YES [ ] NO [ ]

If yes, give name/s: \_\_\_\_\_

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▶ \_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

Name of Mediator assigned by SEVRAR: \_\_\_\_\_

For statistical purposes a copy of this form will be supplied to the NATIONAL ASSOCIATION OF REALTORS®, 430 North Michigan Avenue, Chicago, Illinois 60611-4087.