

Pennsylvania Association of REALTORS®

Dispute Resolution System Request to Initiate MEDIATION TRANSMITTAL FORM

(To be completed and mailed to: Gina Perotti, Administrator, Lehigh Valley
Association of REALTORS® at P.O. Box 20487, Lehigh Valley, PA, 18002

DATE _____

1. NAMES OF ALL PARTIES TO THE DISPUTE

2. PARTY REQUESTING MEDIATION

Name _____

PhoneNo. _____ Fax _____

Address _____

Buyer Seller Agent for Seller

Subagent for Seller Agent for Buyer

Builder/contractor Other

Professional Liability Insurance

Company: _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No _____

Firm _____ FAX _____

Address _____

3. OTHER PARTIES

Name _____ Phone. _____

Address _____

Buyer Seller Subagent for Seller

Subagent for Seller Agent for Buyer

Builder/contractor

Other _____

Insurance Company:

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address _____

Name _____ Phone No. _____ FAX _____

Address _____

___ Buyer ___ Seller ___ Agent for Seller

___ Subagent for Seller ___ Agent for Buyer

___ Builder/contractor ___ Other _____

Insurance Company:

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____

FAX _____

Address _____

Name _____ Phone No. _____ FAX _____

Address _____

___ Buyer ___ Seller ___ Agent for Seller

___ Subagent for Seller ___ Agent for Buyer

___ Builder/contractor ___ Other _____

Insurance Company:

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No _____

Firm _____ FAX _____

Address _____

4. BRIEF DESCRIPTION OF CLAIM:

5. AMOUNT OF MONEY INVOLVED: (\$_____)

6. Have there been any formal court pleadings filed in this case?

Yes

No

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

Date_____ Court_____

County_____ Judge_____

Court Docket#_____

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. Has a prior agreement to mediate been signed by the parties?

Yes No

If yes, please attach a copy of the signed agreement.

PLEASE MAIL THIS FORM TO THE DRS MEDIATION ADMINISTRATOR WHO IS IDENTIFIED BELOW TOGETHER WITH AS MANY COPIES AS THERE ARE PARTIES, PLUS ONE.

Mediation Administrator: Gina Perotti