## This form session will be active only for 2 hours. Please fill in the details and submit the form within 2 hours to avoid any data loss. All the data entered will be lost if you exceed the time limit. Your session will expire in 01:54:41

Page : 1 / 4	Request to Mediate	Cance
A copy of the Request to Mediate Form will be visible to Parties and their Attorney	/s and Representatives.	
Subject Property Address*		
Street Address		
City	State	Postal/Zip Code
PLEASE PROVIDE THE ADDRESS OF THE PROPERTY THAT IS THE SUBJECT OF THE DISPUTE. THE STREET ADD Note that matters within the jurisdiction of a small claims court are excluded from the requirement to media		
Basis for the dispute Please select the basis for the dispute (Select all that apply). You will be given the opportunity to provide fu	rther details and a mediation brief directly to your mediator once the mediation is confirmed.*	
□ Failure to disclose a known defect		
□ Landlord-tenant dispute		
□ Homeowners association dispute		
□ Other		
Estimation of Dispute Value - [This will be shared with Responding Party(ies)]Select V		Next

This form session will be active only for 2 hours. Please fill in the details and submit the form within 2 hours to avoid any data loss. All the data entered will be lost if you exceed the time limit. Your session will expire in 01:58:13

	Request to Mediate	
ty Initiating Mediation Details		
person completing this form is: *		
	~	
aber of Initiating Parties:		
~		
parties are represented by: *		
	~	
arty Initiating Mediation:1		
II Name: *		
nail: *		
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stal Address (Address, City, State, Zip):		Phone Number:*
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stal Address (Address, City, State, Zip): Attorney or Other Representative Details Name: *	~	Phone Number:
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stal Address (Address, City, State, Zip):  Attorney or Other Representative Details Name: *  User type:  Phone 1:  Postal Address (Address, City, State, Zip):  her Interested Persons :  asse list below the names, roles, and contact information (email and phone) of any relevant individuals NO		Phone Number:  Email:  Phone 2:  but whom you intend to invite as voluntary participants to the mediation. These individuals will also be bound by confidentiality rules pertaining to the
stal Address (Address, City, State, Zip):  Attorney or Other Representative Details Name: *  User type:  Phone 1:  Postal Address (Address, City, State, Zip):  her Interested Persons :  asse list below the names, roles, and contact information (email and phone) of any relevant individuals NO		Phone Number:
Attorney or Other Representative Details          Attorney or Other Representative Details         Name: '         User type:         Phone 1:         Potal Address (Address, City, State, Zip):         Type and the state agent, please also indicate their license number, broker, or brokerage firm. We shall be state agent, please also indicate their license number, broker, or brokerage firm. We shall be state agent, please also indicate their license number, broker, or brokerage firm. We shall be state agent, please also indicate their license number, broker, or brokerage firm. We shall be state agent, please also indicate their license number, broker, or brokerage firm. We shall be state agent, please also indicate their license number, broker, or brokerage firm. We shall be state agent, please also indicate their license number, broker, or brokerage firm. We shall be sha		Phone Number:  Email:  Phone 2:  but whom you intend to invite as voluntary participants to the mediation. These individuals will also be bound by confidentiality rules pertaining to the
Atdress (Address, City, State, Zip):  Attorney or Other Representative Details Name: * User type: Phone 1: Potal Address (Address, City, State, Zip):  ther Interested Persons : ease list below the names, roles, and contact information (email and phone) of any relevant individuals NO		Phone Number:  Email:  Phone 2:  but whom you intend to invite as voluntary participants to the mediation. These individuals will also be bound by confidentiality rules pertaining to the

## This form session will be active only for 2 hours. Please fill in the details and submit the form within 2 hours to avoid any data loss. All the data entered will be lost if you exceed the time limit. Your session will expire in 01:57:05

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# **Request to Mediate**

Will your dispute require an extensive review of documents or briefs by the mediator or was a non C.A.R. standard form used in the transaction that is the subject of the dispute? If yes, the mediator will contact you to discuss any additional mediation fees that may apply for mediation preparation time. \*

○ No

○ Uncertain

Have formal court proceedings been filed related to the dispute?\*

○ Yes

○ No

Are there any trial dates or time limitations involved?\*

O Yes

O No

Previou



#### Conor

### This form session will be active only for 2 hours. Please fill in the details and submit the form within 2 hours to avoid any data loss. All the data entered will be lost if you exceed the time limit. Your session will expire in 01:56:38

SAMPLE

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## **Request to Mediate**

Have the parties agreed to a mediator?

○ Yes

O No

Note: If a mediator has not yet been chosen, the parties will be able to select one in the next phase.

How you did you hear about the C.A.R. Mediation Center ?

O My REALTOR ®

O My attorney

Online ad

O C.A.R. Form

O Other

ACKNOWLEDGEMENT OF PROGRAM RULES AND REGULATIONS:

By submission of this Request to Mediate, you acknowledge that you have read, understand and agree to the Rules and Policies for Mediation (available at www.car.org/mediation/consumers/consumer-rules). You will receive immediate auto confirmation of receipt of your Request to Mediate via email. You can expect to receive email confirmation for communication with Other Party(ies) or assignment to your selected mediator within two business days following receipt of your request. Please direct any questions by email to mediation@car.org or leave a message at 213.739.8376 and include the street address for the dispute in all correspondence. Thank you.

I understand and acknowledge that the \$500 filing fee I will submit to the C.A.R. Consumer Mediation Center with my Request for Mediation is non-refundable. If I pay the filing fee through the use of a debit card, or other electronic means, I understand and acknowledge that I cannot revoke or reverse such payment in any manner.

□ I agree to the terms of service.\* Click on the Submit button below to submit your Request for Mediation and initiate payment of the non-refundable \$500 filing fee.

Previous

Submit

Cancel