PACIFIC WEST ASSOCIATION OF REALTORS®

${\bf REQUEST\;FOR\;MEDIATION-Between\;Buyer/Seller}$

Case #	
(for office use only)	
Date:	
Party Requesting Mediation:	
Address	
CityStateZip	
Telephone () Fax ()	
E- Mail address:	
[] Buyer [] Seller [] Other	
Signature:	
Signature:	
Name and address of your Legal Counsel or other Representative (if applicable):	
The undersigned party to an agreement if any contained in a written contract, dated providing for mediation, hereby requests mediation under th agreement. (Attach a copy of the mediation clause.)	
Claim or Relief Sought: (Dollar Amount)	_
Note: If dispute is \$10,0000.00 or less, it may be settled in small claims court with	out

Note: If dispute is \$10,0000.00 or less, it may be settled in small claims court without going to mediation or arbitration.

REQUEST FOR MEDIATION – Page 2

To institute proceedings, please send the **original REQUEST** to the **PACIFIC WEST ASSOCIATION OF REALTORS**®, including the **signed original** copy of the **Mediation Rules**. A staff representative of the Association will send a **copy** of this **REQUEST**, the **Mediation Rules** and a **CONSENT TO MEDIATION** to the responding party. Once the signed **CONSENT TO MEDIATION** forms are returned, Co-Mediators will be appointed and a mediation conference date set. You will receive a **21 DAY NOTICE** setting forth the date and time for the mediation.

Name of Other Party		
Address of Other Party (required)		
City	State	Zip
Telephone()	Fax()	
[] Buyer [] Seller [] Other		
Name and Address of other party's Leg	gal Counsel or o	other Representative (if applicable)

You (the respondent or other party in this case) are hereby noticed that copies of our Mediation Agreement and of this request are being filed with the Pacific West Association of REALTORS® at its administrative office, with the request that it commence the administration of the mediation. A staff representative of the ASSOCIATION will contact you to arrange the mediation. It is understood and agreed that the mediation will be held at the office of the PACIFIC WEST ASSOCIATION OF REALTORS located at 1601 E. Orangewood Avenue, Anaheim, CA 92805 pursuant to the mediation rules of the ASSOCIATION. A signed copy of the mediation rules of the ASSOCIATION is transmitted to you herewith along with a CONSENT TO MEDIATION.

- Please indicate title as follows: Buyer, Seller, Broker, Agent, Architect, Contractor, Subcontractor, Attorney, Accountant, etc.
- Please indicate below the dates that you will not be available for mediation.

(Available dates)

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Nature of Dispute: (typed or printed - attach a separate sheet if necessary)				
What do you and the other party disagree about?				
Are there any things you and the other party might agree upon?				
What has happened so far in this dispute?				
What do you want to get from this mediation?				
Please add anything else you think would be helpful for a mediator to know:				

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I/we understand and agree that I am responsible for my portion of the fees incurred in this mediation. My deposit amount is not refundable if the named parties do not agree to participate in the Mediation Services provided by PWR.					
[] Party Requesting Mediation					
[] Other party					
Enclosed please find my filing fee in the amount of \$325.00 or charge to my credit card					
[] Visa [] Mastercard []	American Express	[] Check Enclosed			
Credit Card # Expiration Date					
Signature					
Return via mail or fax to: Pacific West Association of REALTOR 1601 E. Orangewood Ave., Anaheim, CA 92805 714.245-5500 - Phone	RS® 14.245.5599 - Fax				

As of 10/17/12