

HOME SELLER/BUYER DISPUTE RESOLUTION SYSTEM
REQUEST TO INITIATE MEDIATION
TRANSMITTAL FORM

DATE _____

1. NAMES OF ALL PARTIES TO THE DISPUTE

_____ vs. _____

2. PARTY REQUESTING MEDIATION

Name _____ Phone No. _____

Address _____
Street City, State, Zip

Buyer Seller

Other (explain) _____

Professional Liability Insurance Company _____

Name and Address of Legal Counsel or Other Representatives

Name _____ Phone _____

Firm _____ Fax _____

Address _____

3. OTHER PARTIES

Name _____ Phone No. _____

Address _____
Street City, State, Zip

Buyer Seller Broker Sales Agent

Other (explain) _____

Professional Liability Insurance Company _____

Name and Address of Legal Counsel or Other Representatives

Name _____ Phone _____

Firm _____ Fax _____

Address _____

4. BRIEF DESCRIPTION OF CLAIM:

5. Amount of money involved. _____

6. Have there been any formal court pleading filed in this case? Yes () No ()
If yes, is 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 ()

Comments: _____

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 THIS FORM TO THE BUTLER COUNTY ASSOC. OF REALTORS®
MEDIATION PROVIDER:

**ATTORNEY MICHAEL PATER,
101 E. DIAMOND STREET, STE 202,
BUTLER, PA 16001.
724-287-7724**

Please provide a CONFIDENTIAL copy of this form to: Butler County Assoc. of REALTORS®, 220 S. Main Street, Ste. 302, Butler, PA 16001.