



10 Ginger Creek Parkway, Glen Carbon, IL 62034
Phone 618/692-8300 Fax 618/692-8307
www.gatewayrealtors.com

RETURN TO:
Albert Suguitan
Greater Gateway Association of REALTORS®
10 Ginger Creek Parkway
Glen Carbon, IL 62034

Case Number: _____

Name of Mediator: _____

Date Sent to Mediator: _____

Party Requesting Mediation: _____



REALTOR® is a registered collective membership mark which may be used by real estate professionals who are members of the National Association of REALTORS® and subscribe to its strict Code of Ethics.



**HOMEBUYERS/HOMESSELLERS DISPUTE RESOLUTION SYSTEM
REQUEST TO INITIATE MEDIATION – TRANSMITTAL FORM**

(To be completed and mailed to DRS mediation provider by party requesting mediation)

Date: _____

1. NAMES OF ALL PARTIES TO THE DISPUTE: _____

2. PARTY REQUESTING MEDIATION

Name: _____

Phone: _____ **Fax:** _____

Mailing Address: _____

City, State, Postal Code: _____

Buyer Seller Broker Salesperson Builder/Contractor

Other _____

Professional Liability Insurance Company: _____

LEGAL COUNSEL OR OTHER REPRESENTATION:

Name: _____

Firm: _____

Phone: _____ **Fax:** _____

Mailing Address: _____

City, State, Postal Code: _____

3. OTHER PARTIES

Name: _____

Phone: _____ **Fax:** _____

Mailing Address: _____

City, State, Postal Code: _____

Buyer **Seller** **Broker** **Salesperson** **Builder/Contractor**

Other _____

Professional Liability Insurance Company: _____

LEGAL COUNSEL OR OTHER REPRESENTATION:

Name: _____

Firm: _____

Phone: _____ **Fax:** _____

Mailing Address: _____

City, State, Postal Code: _____

Name: _____

Phone: _____ **Fax:** _____

Mailing Address: _____

City, State, Postal Code: _____

Buyer **Seller** **Broker** **Salesperson** **Builder/Contractor**

Other _____

Professional Liability Insurance Company: _____

LEGAL COUNSEL OR OTHER REPRESENTATION:

Name: _____

Firm: _____

Phone: _____ **Fax:** _____

Mailing Address: _____

City, State, Postal Code: _____

4. BRIEF DISCRIPTION OF CLAIM: _____

5. COST 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? () 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

Comment: _____

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 a of the signed agreement.

Please mail this form to the DRS mediation provider who has been selected and agreed upon by the parties. If no agreements exist, mail to any qualified DRS mediation provider in your area.

Please provide a CONFIDENTIAL copy of this form to:

Dispute Resolution System Liaison
Office of General Counsel
National Association of REALTORS®
430 North Michigan Avenue
Chicago, IL 60611-4087

Name of DRS Mediation Provider Selected: _____