



**REAL ESTATE DISPUTE RESOLUTION SYSTEM
REQUEST TO INITIATE MEDIATION**

(To be completed and mailed by the party requesting Mediation to the DRS Administrator, along with the filing fee)

DATE: _____

1. NAMES OF PARTIES IN THE DISPUTE (typically buyer and seller)

_____ vs. _____

2. PARTY REQUESTING MEDIATION

A. Name(s) _____

Daytime Phone Number _____ Evening Phone Number _____

E-mail Address _____

Address _____

City, State, Zip Code _____

Check one: Buyer Seller

Other (*explain*) _____

B. Professional Liability Insurance Company: (*if applicable*) _____

C. Name and Address of Legal Counsel (legal counsel is not a requirement):

Name _____ Phone Number _____

Firm _____ Fax Number _____

Address _____

City, State, Zip Code _____

IS COUNSEL ATTENDING THE MEDIATION? YES NO

(Continued)

3. OTHER PARTY TO THE DISPUTE

A. Name(s) _____
Daytime Phone Number _____ Evening Phone Number _____
Address _____
City, State, Zip Code _____
Check one: () Buyer () Seller
() Other (*explain*) _____

B. Professional Liability Insurance Company: (*if applicable*) _____

4. PARTIES INVOLVED IN THE TRANSACTION BUT NOT PARTY TO THE DISPUTE

A. Name _____ Firm _____
Phone Number (1) _____ Phone Number (2) _____
Address _____
City, State, Zip Code _____
() Agent for Seller () Subagent for Seller
() Agent for Buyer () Builder/contractor
() Other (*explain*) _____

B. Professional Liability Insurance Company: (*if applicable*) _____

IS THIS PARTY ATTENDING THE MEDIATION? () YES () NO

C. Name _____ Firm _____
Phone Number (1) _____ Phone Number (2) _____
Address _____
City, State, Zip Code _____
() Agent for Seller () Subagent for Seller
() Agent for Buyer () Builder/contractor
() Other (*explain*) _____

D. Professional Liability Insurance Company: (*if applicable*) _____

IS THIS PARTY ATTENDING THE MEDIATION? () YES () NO

(Continued

E. Name _____ Firm _____
Phone Number (1) _____ Phone Number (2) _____
Address _____
City, State, Zip Code _____

- Agent for Seller Subagent for Seller
 Agent for Buyer Builder/contractor
 Other (*explain*) _____

F. Professional Liability Insurance Company: (*if applicable*) _____

IS THIS PARTY ATTENDING THE MEDIATION? YES NO

5. AMOUNT OF MONEY INVOLVED: \$ _____

NOTE: If you have any estimates or expert opinions that you would like to bring to the mediation, you must make copies for all parties attending the mediation.

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 (the complainant or legal counsel) 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

(Continued)

Please attach a copy of the signed agreement. *(This is typically contained in the Agreement for the Sale and Purchase of Real Estate on page 13.)*

If no, this should be obtained and attached to this agreement, or it is likely mediation will not proceed.

9. LIST OF APPROVED MEDIATORS:

Please review the attached list of approved Mediators and indicate if there is any objection, conflict of interest, or reason why this person should not serve as Mediator for this dispute. **The list must be signed and returned with this form.**

10. BRIEF DESCRIPTION OF CLAIM:

(use additional paper if needed)

- 11. Please mail this form, the copy of page 12 of your Agreement of Sale, the list of approved mediators with FIVE (5) complete copies AND the \$ 75 administrative filing fee (checks should be made payable to GHAR) to:**

Mediation Administrator: **Greater Harrisburg Association of REALTORS®
Professional Standards Administrator
424 N. Enola Drive, Suite 1
Enola, PA 17025
Phone: (717) 364-3200**

09/22/2020