



American Arbitration Association

Dispute Resolution Services Worldwide

SUBMISSION TO MEDIATION

* Required items are indicated with an asterisk (*)

NOTE: If there is a **CONTRACT** that provides for mediation, please file using the [Request for Mediation form](#).

The information you provide is solely for the purpose of managing your mediation. If you are using Acrobat Reader 8.0 or higher, you should be able to save the form once completed. After completing the form please save it to the hard drive on your computer BEFORE navigating away from the form. If you navigate away from the form before saving it your data will be lost. Once you have completed and saved the form, send it simultaneously to us and the opposing party/parties.

You may file this form via email at casefiling@adr.org, via fax at 1-877-304-8457, or via U.S. mail at

American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043.

If you have any questions please email us at mediationservices@adr.org.

* Name of Party 1
(Company, Organization, or Person's Name if an individual.)

* Email Address:

* Confirm Email Address:

* Address Line 1:

Address Line 2:

Address Line 3:

* City:

* State:

* Zip Code:

* Telephone:

Fax:

Representative Information (if applicable)

Select "YES" if Self-Represented: Yes

Name:

Firm (if applicable):

Email Address:

Confirm Email Address:

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Telephone:

Fax:

* Name of Party 2
(Company, Organization, or Person's Name if an individual.)

*Email Address:

*Confirm Email Address:

*Address Line 1:

Address Line 2:

Address Line 3:

*City:

*State:

* Zip Code:

* Telephone:

Fax:

Representative Information (if applicable)

Select "YES" if Self-Represented: Yes

Name:

Firm (if applicable):

Email Address:

Confirm Email Address:

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:

Telephone:

Fax:

* Name of Person Filing this Submission:

* Please indicate the category that best describes the nature of the dispute:

Commercial

Construction

Employment

Other (specify)

* Does this matter involve more than two parties? Yes No
(If "Yes", the AAA will contact you to obtain the additional party's/parties' information.)

* Requested Mediation Locale (city & state):

* Have parties mutually agreed to a mediator? Yes No If "Yes" enter name of mediator:

* Summary of Dispute:

Claim or Relief Sought:
(amount, if any)

* Allocation of Costs: % Party 1 % Party 2

* Please indicate your preference for when you would like the actual mediation conference to be conducted:

Within 7 business days	Within two weeks
Within 30 days	Later than 30 days
Specific Date(s)	