

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 case-filing@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.)			* Name of Party 2: (Company, Organization, or Person's Name if an individual.)			
* Email Address:			* Email Address:			
* Confirm Email Address:			* Confirm Email Address:			
* Address:			* Address:			
* City:	* State:	* Zip Code:	* City:	* State:	* Zip Code:	
* Telephone:	Fax:		* Telephone:	Fax:		
Representative Information (if applicable): Select "YES" if Self-Represented: Yes Name:			Representative Information (if applicable): Select "YES" if Self-Represented: Yes Name:			
Name of Firm (if applicable):			Name of Firm (if applicable):			
Email Address:			Email Address:			
Confirm Email Address:			Confirm Email Address:			
Address:			Address:			
City:	State:	Zip Code:	City:	State:	Zip Code:	
Telephone:	Fax:		Telephone:	Fax:		
* Name of Person Filing this Submiss	sion:					
* Please indicate the category that best describes the nature of the dispute: Commercial Construction Employment Other (specify):						
* Does this matter involve more than (If "Yes", the AAA will contact you to		Yes No onal party's/parties'	information.)			



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* Requested Mediation Locale (city & state):							
* Have parties mutually ag	reed to a mediator	? Yes	No If	"Yes" enter name of me	ediator:		
* 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 wee	eks With	nin 30 days	Later than 30 days	Specific Date(s)		

A \$250 non-refundable deposit, which will be applied toward the cost of mediation, is required to initiate the AAA's administration of the mediation and appointment of the mediator. For additional information, please view the AAA's Administrative Fee Schedule.