

REQUEST FOR MEDIATION

Date:	
To: Name (of the party on which the request is to be served)	Name of Representative: (if known)
Address:	Name of Firm: (if applicable)
City:	Address:
Province/Territory:	City:
Postal Code:	Province/Territory:
Telephone:	Postal Code:
Facsimile:	Telephone:
Email:	Facsimile:
	Email:
The undersigned party to an agreement contained in a contract, dated	providing for mediation under the:
Canadian Mediation Rules Other Rules: (please specify)	hereby requests mediation.
Nature of the Dispute: (attach additional sheets, if necessary)	
Type of Business: Filing Party:	Responding Party:
You are hereby notified that a copy of our <u>mediation</u> agreement and this <u>request</u> are being filed with <u>ICDR Canada</u> by email: casefiling@icdrcanada.org , with a request that it commence administration of the mediation.	
Name of Filing Party:	Name of Representative: (if known)
Address: (to be used in connection with this case)	Name of Firm: (if applicable)
City:	Address:
Province/Territory:	City:
Postal Code:	Province/Territory:
Telephone:	Postal Code:
Facsimile:	Telephone:
Email:	Facsimile:
	Email:
To begin proceedings, please send a copy of this request <u>and the Mediation Agreement</u> , with the filing fee as provided for in the rules, to ICDR Canada. Send the original request to the responding party.	
Signature: (may be signed by a representative)	
Title:	Date: