



The preferred method for submitting this form is online at www.adr.org by selecting **"File a Case."** Online filing helps facilitate the quickest scheduling of your mediation.

You may also submit the form by email to casefiling@adr.org or by U.S. mail to: American Arbitration Association, Case Filing Services, 120 Broadway, Floor 21 – Intake, New York, NY 10271. Please note that submissions sent by email or U.S. mail may require additional processing time.

If you have a contract that provides for mediation, please include a copy with your submission. The information you provide is solely for the purpose of managing your mediation. After completing the form, please save it to your hard drive and submit it simultaneously to the AAA and the opposing party or parties.

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| * 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: | * City: |
| * State/Province: | * State/Province: |
| * Zip/ Postal Code: | * Zip/ Postal Code: |
| * Country: | * Country: |
| * Telephone: | * Telephone: |
| 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: | City: |
| State/Province: | State/Province: |
| Zip/ Postal Code: | Zip/ Postal Code: |
| Country: | Country: |
| Telephone: | Telephone: |



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| * Name of Person Filing this Request: |
| * Please indicate the category that best describes the nature of the dispute: Commercial Construction Employment Consumer Labor Family International Other (specify): |
| * Does this matter involve more than two parties? Yes No <i>(If "Yes", please provide the additional party's/parties' contact information in the space below.)</i> |
| * Requested Mediation Locale (Country, State/City/Province): |
| Virtual Yes No |
| * Have parties mutually agreed to mediate? Yes No |
| * 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) |
| * Please indicate your preference for when you would like the actual mediation session to be conducted: Within 7 business days Within two weeks Within 30 days Later than 30 days Specific Date(s) |