



## Los Angeles County Court Civil Mediation Resource List Submission to Mediation Form

Any party or parties to a dispute from the Los Angeles County Court Civil Mediation Resource List may initiate mediation under the AAA's auspices via email at [mediationservices@adr.org](mailto:mediationservices@adr.org).

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. \* Required items are indicated with an asterisk (\*)

* 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 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)

*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.*