

**Pennsylvania Association of REALTORS®
Request to Initiate Mediation
Dispute Resolution System (DRS)
MEDIATION TRANSMITTAL FORM**

**To be completed and mailed to: Greater Lehigh Valley REALTORS®
ATTN: Diane Fetzer, Mediation Administrator, 10 S. Commerce Way,
Bethlehem, PA 18017**

DATE _____

1. NAMES OF ALL PARTIES TO THE DISPUTE

2. PARTY REQUESTING MEDIATION

Name: _____

Phone: _____ E-mail: _____

Address: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Seller | <input type="checkbox"/> Agent for Seller |
| <input type="checkbox"/> Subagent for Seller | <input type="checkbox"/> Agent for Buyer | <input type="checkbox"/> Builder/contractor |
| <input type="checkbox"/> Other _____ | | |

3. OTHER PARTIES

Name: _____

Phone: _____ E-mail: _____

Address: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Seller | <input type="checkbox"/> Agent for Seller |
| <input type="checkbox"/> Subagent for Seller | <input type="checkbox"/> Agent for Buyer | <input type="checkbox"/> Builder/contractor |
| <input type="checkbox"/> Other _____ | | |

Insurance Company (if applicable):

Name and Address of Legal Counsel or Other Representative

Legal Counsel:

Name: _____ Phone: _____

Firm: _____ E-mail: _____

Address: _____

Other Representative:

Name: _____ Phone: _____

Firm: _____ E-mail: _____

Address: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Seller | <input type="checkbox"/> Agent for Seller |
| <input type="checkbox"/> Subagent for Seller | <input type="checkbox"/> Agent for Buyer | <input type="checkbox"/> Builder/contractor |
| <input type="checkbox"/> Other _____ | | |

4. ADDRESS OF PROPERTY IN DISPUTE

5. BRIEF DESCRIPTION OF CLAIM (OR ATTACH A TYPEWRITTEN STATEMENT OF FACTS):

6. AMOUNT OF MONEY INVOLVED: (\$ _____)

7. HAVE THERE BEEN ANY FORMAL COURT PLEADINGS FILED IN THIS CASE?

Yes No

If yes, are there any trial dates or time limitations involved?

Date: _____ Court: _____

County: _____ Judge: _____

Court Docket# _____

8. DO YOU HAVE THE AUTHORITY TO ENTER INTO AND SIGN A BINDING WRITTEN AGREEMENT TO SETTLE THIS ON BEHALF OF THE PARTY YOU REPRESENT?

Yes No

Comment: _____

9. HAS A PRIOR AGREEMENT TO MEDIATE BEEN SIGNED BY THE PARTIES?

Yes No

If yes, please attach a copy of the signed agreement.

Signature

Date

PLEASE MAIL THIS FORM, AND COPIES OF ANY SUPPORTING DOCUMENTATION TO THE DRS MEDIATION ADMINISTRATOR, WHO IS IDENTIFIED BELOW.

PLEASE NOTE: THERE IS A FEE OF \$500.00 DIVIDED AMONG THE PARTIES TO A MEDIATION (\$250.00 per party). YOUR CHECK MUST ACCOMPANY THIS FORM IN ORDER TO INITIATE MEDIATION.

Mediation Administrator:
GREATER LEHIGH VALLEY REALTORS
Attn: Diane Fetzer
10 S. Commerce Way
Bethlehem, PA 18017