

**GREATER PHILADELPHIA ASSOCIATION OF REALTORS®**

1341 N. Delaware Avenue – Suite 308

Philadelphia, PA 19125

Phone: 215-423-9381, Ext 100 Fax: 215-423-0406

**HOME BUYERS/HOME SELLERS  
DISPUTE RESOLUTION SYSTEM REQUEST TO INITIATE  
MEDIATION - TRANSMITTAL FORM**

(To be completed and mailed to Cheryl Adams, Administrator, by party requesting mediation)

**DATE** \_\_\_\_\_

**1. NAMES OF ALL PARTIES TO THE DISPUTE**

\_\_\_\_\_

**2. PARTY REQUESTING MEDIATION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Buyer  Seller  Agent for Seller  Subagent for Seller  Agent for Buyer

Builder/Contractor  Other \_\_\_\_\_

Professional Liability Insurance Company:

\_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Firm \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

**3. OTHER PARTIES**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

Buyer  Seller  Agent for Seller  Subagent for Seller  Agent for Buyer

Builder/Contractor  Other \_\_\_\_\_

Insurance  
Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address  
\_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address  
\_\_\_\_\_

Buyer  Seller  Subagent for Seller  Agent for Buyer  Builder/Contractor

Other \_\_\_\_\_

Insurance  
Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address  
\_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address  
\_\_\_\_\_

Buyer  Seller  Subagent for Seller  Agent for Buyer  Builder/Contractor

Other \_\_\_\_\_

Insurance  
Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address  
\_\_\_\_\_

**4. BRIEF DESCRIPTION OF CLAIM:**

---

---

---

---

---

---

---

---

---

---

**5. AMOUNT OF MONEY INVOLVED:**

\_\_\_\_\_ (\$ \_\_\_\_\_)

**6. Have there been any formal court pleading filed in this case?  Yes  No**

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

Date \_\_\_\_\_ Court \_\_\_\_\_ Court Docket # \_\_\_\_\_

County Docket # \_\_\_\_\_ Judge \_\_\_\_\_

**7. Do you have authority to enter into and sign a binding written agreement to settle this on behalf of the party you represent?**

YES  NO

Comment: \_\_\_\_\_

**8. Has a prior agreement to mediate been signed by the parties?**

YES  NO

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

**PLEASE MAIL THIS FORM TO THE DRS MEDIATION ADMINISTRATOR WHO IS IDENTIFIED BELOW TOGETHER WITH AS MANY COPIES AS THERE ARE PARTIES, PLUS ONE.**

Mediation Administrator: Cheryl Adams  
Greater Philadelphia Association of REALTORS®  
1341 N. Delaware Avenue, Suite 308  
Philadelphia, PA 19125