



GREATER PHILADELPHIA ASSOCIATION OF REALTORS®
Email: cheryl@gpar.org



**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®
123 South Broad – Suite 200
Philadelphia, PA 19109