

# **REQUEST TO INITIATE MEDIATION - TRANSMITTAL FORM**

(To be completed and mailed to DRS Mediation Provider by party requesting mediation)

**Associates in Dispute Resolution, LLC**  
212 S.W. 8th Avenue  
Suite 102  
Topeka, KS 66603  
(785) 357-1800  
(785) 357-0002 (fax)  
[info@adrmediate.com](mailto:info@adrmediate.com)

DATE : \_\_\_\_\_

1. NAMES OF ALL PARTIES TO THE DISPUTE

2. PARTY REQUESTING MEDIATION

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Buyer  Seller  Broker  Salesperson  Builder/contractor  Other  
Professional Liability Insurance Company:

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Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Buyer  Seller  Broker  Salesperson  Builder/contractor  Other  
Professional Liability Insurance Company (if known):

3. OTHER PARTIES

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ FAX \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

( ) Buyer ( ) Seller ( ) Broker ( ) Salesperson ( ) Builder/contractor ( ) Other  
Professional Liability Insurance Company (if known):

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**Name and Address of Legal Counsel or Other Representative:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

( ) Buyer ( ) Seller ( ) Broker ( ) Salesperson ( ) Builder/contractor ( ) Other  
Professional Liability Insurance Company (if known):

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**Name and Address of Legal Counsel or Other Representative:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

( ) Buyer ( ) Seller ( ) Broker ( ) Salesperson ( ) Builder/contractor ( ) Other  
Professional Liability Insurance Company (if known):

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**Name and Address of Legal Counsel or Other Representative:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

( ) Buyer ( ) Seller ( ) Broker ( ) Salesperson ( ) Builder/contractor ( ) Other  
Professional Liability Insurance Company (if known):

4. BRIEF DESCRIPTION OF CLAIM:

5. PREFERRED MEDIATION LOCATION:

- \_\_\_ Associates in Dispute Resolution, Topeka, Kansas
- \_\_\_ Associates in Dispute Resolution, Lawrence, Kansas
- \_\_\_ Associates in Dispute Resolution, Kansas City, Missouri
- \_\_\_ Other: \_\_\_\_\_

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? ( ) Yes ( ) No

Date \_\_\_\_\_ Court \_\_\_\_\_

County \_\_\_\_\_ Judge \_\_\_\_\_

Court Case # \_\_\_\_\_

8. 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:

9. Do you need additional information from another attorney or entity? ( ) Yes ( ) No

If yes, what?

10. Has a prior agreement to mediate been signed by the parties? ( ) Yes ( ) No

If yes, please attach copy of the signed agreement.

**PLEASE MAIL THIS FORM TO THE DRS MEDIATION PROVIDER WHO HAS BEEN  
SELECTED AND AGREED UPON BY THE PARTIES.**

Name of DRS Mediation Provider Selected:

**Associates in Dispute Resolution, LLC**

212 S.W. 8th Avenue, Suite 102

Topeka, KS 66603

(785) 357-1800

(785) 357-0002 (fax)

[info@adrmediate.com](mailto:info@adrmediate.com)

Please Provide a CONFIDENTIAL Copy of this Form to:

Association Executive

Lawrence Board of REALTORS®

3838 W. 6<sup>th</sup> Street

Lawrence, KS 66049