



Greater Harrisburg Association Of REALTORS®

REAL ESTATE DISPUTE RESOLUTION SYSTEM
REQUEST TO INITIATE MEDIATION

(To be completed and mailed by the party requesting Mediation to the DRS Administrator, along with the filing fee)

DATE: _____

1. NAMES OF PARTIES IN THE DISPUTE

_____ vs. _____

2. PARTIES REQUESTING MEDIATION

Name _____ Phone No. _____ FAX _____

Address _____

City, State, Zipcode _____

Check one: () Buyer () Seller

() Buyer Broker () Buyer Agent () Seller Broker () Seller Agent

() Other (explain) _____

Professional Liability Insurance Company: (if applicable) _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address _____

City, State, Zipcode _____

(continue)

3. OTHER PARTIES NAMED

a. Name _____ Phone No. _____ FAX _____

Address _____

City, State, Zipcode _____

Check one: () Buyer () Seller

() Buyer Broker () Buyer Agent () Seller Broker () Seller Agent

() Other (*explain*) _____

Professional Liability Insurance Company: (*If applicable*) _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone _____

Firm _____ FAX _____

Address _____

City, State, Zipcode _____

b. Name _____ Phone No. _____ FAX _____

Address _____

City, State, Zipcode _____

Check one: () Buyer () Seller

() Buyer Broker () Buyer Agent () Seller Broker () Seller Agent

() Other (*explain*) _____

() Builder/contractor () Other (*explain*) _____

Professional Liability Insurance Company: (*If applicable*) _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone _____

Firm _____ FAX _____

Address _____

City, State, Zipcode _____

(continue)

c. Name _____ Phone No. _____ FAX _____

Address _____

City, State, Zipcode _____

Check one: () Buyer () Seller

() Buyer Broker () Buyer Agent () Seller Broker () Seller Agent

() Builder/contractor () Other (*explain*) _____

Professional Liability Insurance Company: (*If applicable*) _____

Name and Address of Legal Counsel or other Representative:

Name _____ Phone _____

Firm _____ FAX _____

Address _____

City, State, Zipcode _____

4. BRIEF DESCRIPTION OF CLAIM:
(use additional paper if needed)

(*continue*)

5. **AMOUNT OF MONEY INVOLVED:** \$ _____

6. 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 # _____

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.** *(This is typically contained in the Agreement for the Sale and Purchase of Real Estate.)*

If no, this should be obtained and attached to this agreement, or it is likely mediation will not proceed.

9. **LIST OF APPROVED MEDIATORS:**

Please review the attached list of approved Mediators and indicate if there is any objection, conflict of interest, or reason why this person should not serve as Mediator for this dispute.

The list must be signed and returned with this form.

10. **Please Mail This Form With FIVE (5) Complete Copies AND the \$ 20 Administrative Filing Fee To:**

Mediation Administrator: **Greater Harrisburg Association of REALTORS®
424 N. Enola Drive, Suite 1
Enola, PA 17025**