RESPONSE TO REQUEST TO MEDIATE (FORM RRM)

Please return this completed Form RRM by emailing it to mediation@car.org. **Your completed form will be viewable by all parties and the mediator.**

Date:

Subject Property Address:

[The street address that is the subject of the dispute should be included in all correspondence.]

I. RESPONDING PARTY

Name: _____
[Please submit a separate response for each Responding Party.]

In the disputed transaction I am the: ☐ Buyer ☐ Seller ☐ Other_____

Email: _____

Primary Phone: _____ Other Phone: _____

Address: _____

Will you be represented by legal counsel at the mediation? ☐ Yes ☐ No. If yes, please provide the following:

Counsel name: _____ Firm: _____

Email: _____

Any Email CC Contacts for Notices to Counsel: _____

Phone: _____

Address: _____

II. DISPUTE SUMMARY

☐ Deposit Dispute ☐ Failure to disclose a known defect ☐ Landlord-tenant dispute ☐ Homeowners association dispute ☐ Other

☐ Please check here if you believe your dispute will require an extensive review of documents or briefs by the mediator. If checked, the mediator will contact you to discuss if additional mediation fees for preparation time will apply.

III. OTHER INTERESTED PERSONS

Please list below the names, roles, and contact information (email and phone) of any relevant individuals NOT required to mediate under your agreement, but whom you intend to invite as voluntary participants to the mediation. These individuals will also be bound by confidentiality rules pertaining to the mediation. Participation by interested persons should be limited to those helpful to the mediation process and therefore may be limited by

the mediator. If you are inviting a real estate agent, please also indicate their license number, broker, or brokerage firm. We will copy brokers on all notifications sent to agents. To locate a broker's name and license number, you may search for the Broker's Name on the Department of Real Estate Website.

1. Name: _____ Role: _____

Email: _____ Phone: _____

2. Name: _____ Role: _____

Email: _____ Phone: _____

3. Name: _____ Role: _____

Email: _____ Phone: _____

4. Name: _____ Role: _____

Email: _____ Phone: _____

IV. ACKNOWLEDGEMENT OF CENTER RULES AND POLICIES

By Submission of this Response to Request to Mediate, you acknowledge that you have read, understand and agree to the Rules and Policies for Mediation (available at www.car.org/disputeresolution/rulesandpolicies). You can expect to receive an email confirmation of communication with Other Party(ies) within two business days following receipt of your submission. Please direct any questions to mediation@car.org or leave a message at 213.739.8376 and include the street address for the dispute in all correspondence. Thank you.