

**REQUEST TO MEDIATE (FORM RM)**

**Address of the property that is the subject of the dispute:** \_\_\_\_\_

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**I. PARTY REQUESTING MEDIATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

In the disputed transaction I am the:  Buyer;  Seller;  Broker;  Salesperson;

Other: \_\_\_\_\_

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

Phone (home/office): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Counsel name: \_\_\_\_\_ Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have authority to enter into and sign a binding written agreement to settle this dispute?

Yes;  No

Comments: \_\_\_\_\_

Please list any dates you WILL NOT be available for a mediation conference during the 60-day period from the date of this request. Please plan to reserve the entire day for the mediation.

\_\_\_\_\_  
\_\_\_\_\_

**II. SELECTION OF MEDIATOR** (A list of mediators with profiles is available at:

[www.car.org/mediation/consumers/mediator-fees](http://www.car.org/mediation/consumers/mediator-fees))

First choice: \_\_\_\_\_ Second choice: \_\_\_\_\_

Check here if you would like the Center to assign a mediator on your behalf.

**Has the Other Party agreed to your proposed mediator(s)?**  Yes;  No

Comments: \_\_\_\_\_

**III. DISPUTE SUMMARY**

Amount of money involved in the dispute: \$ \_\_\_\_\_

Please provide a brief description of the dispute below. A short description of the dispute is all that is needed now (e.g., deposit dispute, failure to disclose a known defect, landlord-tenant dispute, homeowners' association dispute, etc.). You will be given the opportunity to provide further details and a mediation brief directly to your mediator once the mediation is confirmed.

\_\_\_\_\_

Please check here if you believe your dispute will require an extensive review of documents or briefs by the mediator, or if the basis for the dispute does not arise out of a C.A.R. standard form. If checked, the mediator will contact you to discuss if additional mediation fees for preparation time will apply.

Have formal court proceedings been filed related to the dispute?  Yes;  No. If Yes, please provide the following:

Case # \_\_\_\_\_ Court \_\_\_\_\_ Hearing Date \_\_\_\_\_ Judge \_\_\_\_\_

Are there any trial dates or time limitations involved?  Yes;  No

If Yes, please specify: \_\_\_\_\_

**IV. OTHER PARTY INFORMATION (Please include all parties required to mediate under your agreement. Attached additional sheets as necessary.)**

A. Other Party 1:

Name: \_\_\_\_\_

In the disputed transaction the above party is the:  Buyer;  Seller;  Broker;  Salesperson;

Other: \_\_\_\_\_

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

Phone (home/office): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Will this party be represented by legal counsel at the mediation?  Yes;  No;  Unknown. If yes, please provide complete the following:

Counsel name: \_\_\_\_\_ Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

B. Other Party 2:

Name: \_\_\_\_\_

In the disputed transaction the above party is the:  Buyer;  Seller;  Broker;  Salesperson;

Other \_\_\_\_\_

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

Phone (home/office): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Will this party be represented by legal counsel at the mediation?  Yes;  No;  Unknown. If yes, please provide complete the following:

Counsel name: \_\_\_\_\_ Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

V. **OTHER INTERESTED PERSONS INFORMATION.** Please list below the names, role and contact information of any relevant individuals NOT required to mediate under your agreement, but whom you intend to invite as voluntary participants to the mediation, and who will also be bound by confidentiality 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. **ACKNOWLEDGEMENT OF PROGRAM RULES AND REGULATIONS**

By submission of this Request to Mediate, you acknowledge that you have read, understand and agree to the Rules and Policies for Mediation (available at [www.car.org/mediation/consumers/consumer-rules](http://www.car.org/mediation/consumers/consumer-rules)). **Send this completed Form RM along with the non-refundable filing cost of \$300 to:**

**C.A.R. Mediation Center, Attn: Mediation Administrator  
525 S. Virgil Avenue, Los Angeles, CA 90020**

We will confirm acceptance of your Request to Mediate and notify you of any further action needed (generally within two business days of receipt). Please direct any questions by email to [mediation@car.org](mailto:mediation@car.org) or leave a message at 213-739-8376. Thank you.