

HOMEBUYERS/HOMESSELLERS DISPUTE RESOLUTION SYSTEM
REQUEST TO INITIATE MEDIATION – TRANSMITTAL FORM
*(To be completed and mailed to DRS Mediation Provider
by party requesting mediation)*

DATE _____

1. NAMES OF ALL PARTIES TO THE DISPUTE

2. PARTY REQUESTING MEDIATION

Name _____ Phone No. _____ E-mail _____

Address _____

Buyer Seller Broker Sales Agent Builder/contractor

Other _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ E-mail _____

Address _____

3. OTHER PARTIES

Name _____ Phone No. _____ E-mail _____

Address _____

Buyer Seller Broker Sales Agent Builder/contractor

Other _____

Name and Address of Legal Counsel or other Representative:

Name _____ Phone No. _____

Firm _____ E-mail _____

Name _____ Phone No. _____ E-mail _____

Address _____

() Buyer () Seller () Broker () Sales Agent () Builder/contractor
() Other _____

Name and Address of Legal Counsel or other Representative:

Name _____ Phone No. _____

Firm _____ E-mail _____

Address _____

Name _____ Phone No. _____ E-mail _____

Address _____

() Buyer () Seller () Broker () Sales Agent () Builder/contractor
() Other _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ E-mail _____

Address _____

Name and Address of Legal Counsel or Other Representative:

4. BRIEF DESCRIPTION OF CLAIM:

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? () Yes () No

Date _____ Court _____

County _____ Judge _____

Court Case # _____

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

If yes, what? _____

9. Has a prior agreement to mediate been signed by the parties; specifically, did you and the other party initial a clause in the purchase agreement that required you to first use mediation before attempting any other remedy? () Yes () No

If yes, please attach copy of the signed agreement.

PLEASE MAIL THIS FORM TO:

District Court Mediation Program
Polk County Courthouse
222 5th Ave.
Des Moines, IA. 50309

Or email to: districtcourtmediation@pacbaonline.org

For Questions, please call (515)-286-2140