

# **Request for Mediation**

213.687.8777

Once this form is submitted, an AIR CRE professional will contact all parties to coordinate the Mediation process.

### **INSTRUCTIONS**

To initiate mediation, fill in the requested information below and pay the non-refundable filing fee. Please include as much detail as possible to illustrate your case, however, do not include attorney client privileged information on this form.

If you have any questions, please review the <u>Mediation Process</u> and/or contact us via email at: <u>mediation@aircremediation.com</u> or call 213.687.8777 x4313.

Once the form is submitted, you will receive confirmation of submission by AIR CRE Mediation.

*If you are an AIR CRE Member requesting Dispute Resolution services, please fill in the form on the <u>Contact Us</u> page of the website, or call us at 213.687.8777.* 

DATE MM/DD/YYYY 🔂

### PARTY REQUESTING MEDIATION: CLAIMANT

NAME*	
First	Last
TITLE	
COMPANY	WEBSITE

City		State	
Postal / Zip Code		United Sta	ates
PHONE*	FAX		EMAIL*
### ### ####	### ### ###	##	

COMPANY		WEBSITE	
ADDRESS			
Street Address			
Street Address Line 2			
City		State	
Postal / Zip Code		United States	▼
PHONE	FAX		EMAIL
### ### ####	### ### ####		

### RESPONDENT

NAME*	
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First	Last
TITLE	
COMPANY	WEBSITE

Street Address			
Street Address Line 2			
City		State	
Postal / Zip Code		United States	•
PHONE*	FAX		EMAIL*
### ### ####	### ### ####		

ATTORNEY (IF APPLICABLE):			
COMPANY		WEBSITE	
ADDRESS			
Street Address			
Street Address Line 2			
City		State	
City		State	
Postal / Zip Code		United States	•
PHONE	FAX		EMAIL
### ### ####	### ### ####		

## NATURE OF DISPUTE: CLAIMS & RELIEF SOUGHT BY CLAIMANT

# **CASE INFORMATION** (if applicable)

◯ YES ◯ NO

HAS FORMAL LEGAL ACTION RELATED TO THIS DISPUTE COMMENCED?

PLAINTIFF	VS.		DEFENDANT
CASE NUMBER		TRIAL DATE	Ē.
MEDIATION DEADLINE (IF APPLICABLE)			

# **INSURANCE INFORMATION** (if applicable)

CARRIER NAME	WEBSITE
INSURANCE FILE NUMBER (IF ANY)	
CLAIM REPRESENTATIVE	

Street Address			
Street Address Line 2			
City		State	
Postal / Zip Code		United States	•
PHONE	FAX		EMAIL
### ### ####	### ### ####		

# **OTHER PARTIES** (if applicable)

# Other Party 1

	Last	
	WEBSITE	
	State	
	United States	•
FAX		EMAIL
### ### ####		
	FAX	WEBSITE WEBSITE State United States FAX

# Other Party 2

Ν	A	N	1	E

First		Last			
TITLE					
COMPANY		WEBSITE	WEBSITE		
ADDRESS					
Street Address					
Street Address Line 2					
City		State			
Postal / Zip Code		United Sta	tes	•	
PHONE	FAX		EMAIL		
### ### ####	### ### ####				
BRIEF EXPLANATION OF PARTY 2	'S INVOLVEMENT IN THE MATTER:				

**SESSION INFORMATION** 

Is Claimant seeking mediation or neutral analysis?

#### MEDIATION

#### NEUTRAL ANALYSIS

Neutral analysis is an unbiased, confidential case evaluation from experts in commercial real estate (CRE). It may assist in answering questions such as: How does your approach to your case appear to an experienced, neutral CRE practitioner? Should you consider settlement or move forward with a trial or appeal?

Neutral analysis provides attorneys with advisory opinions on such questions, allowing Claimants to fine-tune arguments, reassess settlement options and manage client expectations

AIR CRE's neutral analysis and mediation services are subject to our Privacy Policy.

#### **MEDIATOR SELECTION**

Please review the list of Mediators available and input your preferred Mediator's name below. If you prefer that AIR CRE select a Mediator on your behalf, please check the box below.

#### **REVIEW MEDIATORS**

PREFERRED MEDIATOR

I PREFER TO HAVE AIR CRE SELECT A MEDIATOR

🔵 Yes

### FEES

A non-refundable \$500 filing fee is required to initiate mediation. Please SUBMIT FORM below, and then pay the filing fee using a credit card. AIR CRE will confirm receipt of your Request for Mediation.

Prior to submission, please review the <u>Fees</u> page to understand all costs associated with mediation.

PAYMENT METHOD



#### ORDER SUMMARY

#	Item	Price	Total
1	AIR CRE Request for Mediation	\$500.00	\$500.00

Total: \$500.00