

**SRAR MEDIATION SERVICES**

SOUTHLAND REGIONAL ASSOCIATION OF REALTORS®, INC.  
 7232 BALBOA BOULEVARD  
 VAN NUYS, CA 91406  
 BUS: 818 786-2110 FAX: 818 786-4541

Case # \_\_\_\_\_

File Date \_\_\_\_\_

**MEDIATION INTAKE FORM**

<b>Address of subject property:</b>	
<b>Transaction Status</b> (Check all that apply):	Contract <input type="checkbox"/> Escrow Open <input type="checkbox"/> Escrow Closed <input type="checkbox"/> Possession Change <input type="checkbox"/>
<b>Case Status</b> (Check all that apply):	Demand Letter <input type="checkbox"/> Arbitration Complaint Filed <input type="checkbox"/> Lawsuit Filed <input type="checkbox"/>

<b>Party #1 (Claimant)</b> Buyer <input type="checkbox"/> Seller <input type="checkbox"/> Other <input type="checkbox"/> _____			<b>Below named Broker and/or Agent are NOT a named Claimant unless specified.</b>	
Name			Broker and/or Agent Name	
Address			Real Estate Firm Name	
Home Phone #	Work Phone #	Fax #	Real Estate Firm Address	
Email Address			Real Estate Firm Phone #	Fax #

**Do you intend to have an attorney attend mediation?** Yes  No

**Attorney's name, address, and phone number:** \_\_\_\_\_

<b>Party #2 (Respondent)</b> Buyer <input type="checkbox"/> Seller <input type="checkbox"/> Other <input type="checkbox"/> _____			<b>Below named Broker and/or Agent are NOT a named Respondent unless specified under Party #3</b>	
Name			Broker and/or Agent Name	
Address			Real Estate Firm Name	
Home Phone #	Work Phone #	Fax #	Real Estate Firm Address	
Email Address			Real Estate Firm Phone #	Fax #

<b>Party #3 (Respondent)</b> Other <input type="checkbox"/> _____			Broker <input type="checkbox"/> Agent <input type="checkbox"/>	
Name			Broker and/or Agent Name	
Address			Real Estate Firm Name	
Home Phone #	Work Phone #	Fax #	Real Estate Firm Address	
Email Address			Real Estate Firm Phone #	Fax #

<b>TYPE OF CASE/ISSUES IN DISPUTE:</b>		<input type="checkbox"/> Down Payment/Deposit	<input type="checkbox"/> Condition of Property
<input type="checkbox"/> Escrow Closing	<input type="checkbox"/> Failure to Disclose	<input type="checkbox"/> Misrepresentation	<input type="checkbox"/> _____
<b>Claim or Relief Sought (amount, if any):</b>			

**Dates available for mediation (within 6 week period):** \_\_\_\_\_

**MEDIATION INTAKE FORM**

*(Please feel free to use additional paper as needed)*

**1) Describe Claim:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Describe Damages:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3) Set Forth Desired Resolution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please provide names, addresses and phone numbers for any potential participants in dispute, not named on Page 1

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

**Note: All communications between participants in the course of a mediation shall remain confidential**