



REQUEST FOR MEDIATION

* Required items are indicated with an asterisk (*)

The information you provide is solely for the purpose of managing your mediation. If you are using Acrobat Reader 8.0 or higher, you should be able to save the form once completed. After completing the form please save it to the hard drive on your computer **before** navigating away from the form. If you navigate away from the form before saving it your data will be lost. Once you have completed and saved the form, send it simultaneously to us and the opposing party/parties.

You may file this form via email at casefiling@adr.org or via U.S. mail at American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043.

This form is only for use by parties filing a mediation under California Code of Civil Procedure 871.26.

If you have any questions please email us at mediationservices@adr.org.

* Name of Party 1: <i>(Company, Organization, or Person's Name if an individual.)</i>			* Name of Party 2: <i>(Company, Organization, or Person's Name if an individual.)</i>		
* Email Address:			* Email Address:		
* Confirm Email Address:			* Confirm Email Address:		
* Address:			* Address:		
* City:	* State:	* Zip Code:	* City:	* State:	* Zip Code:
* Telephone:			* Telephone:		
Representative Information (if applicable): Select "YES" if Self-Represented: <input type="checkbox"/> Yes Name:			Representative Information (if applicable): Select "YES" if Self-Represented: <input type="checkbox"/> Yes Name:		
Name of Firm (if applicable):			Name of Firm (if applicable):		
Email Address:			Email Address:		
Confirm Email Address:			Confirm Email Address:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Telephone:			Telephone:		
* Name of Person Filing this Request:					
* Does this matter involve more than two parties? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes", the AAA will contact you to obtain the additional party's/parties' information.)</i>					



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* Have parties mutually agreed to a mediator? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enter name of mediator:
* Summary of Dispute:
Claim or Relief Sought: (amount, if any)
* Please indicate the date the answer or other responsive pleadings were filed in this case:

Pursuant to California Code of Civil Procedure 871.26 costs shall be distributed equally. Therefore, at the time of filing, each party is responsible for \$125 filing fee and \$300 deposit for mediator compensation. The mediator compensation deposit will cover two hours of the mediator's time. Additional mediator compensation deposits may be requested based on the needs of the case, and all unused mediator compensation will be returned at the conclusion of the matter.