



**GREATER PHILADELPHIA ASSOCIATION OF REALTORS®**  
 1341 N. Delaware Avenue – Suite 200  
 Philadelphia, PA 19125  
 Phone: 215-423-9381, Ext 1220 Fax: 215-423-9381



**HOME BUYERS/HOME SELLERS  
 DISPUTE RESOLUTION SYSTEM REQUEST TO INITIATE  
 MEDIATION - TRANSMITTAL FORM**

(To be completed and mailed to Cheryl Adams, Administrator, by party requesting mediation)

**DATE** \_\_\_\_\_

**1. NAMES OF ALL PARTIES TO THE DISPUTE**

\_\_\_\_\_

**2. PARTY REQUESTING MEDIATION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Buyer  Seller  Agent for Seller  Subagent for Seller  Agent for Buyer

Builder/Contractor  Other \_\_\_\_\_

Professional Liability Insurance Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Firm \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

**3. OTHER PARTIES**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

Buyer  Seller  Agent for Seller  Subagent for Seller  Agent for Buyer

Builder/Contractor  Other \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

Buyer  Seller  Subagent for Seller  Agent for Buyer

Builder/Contractor  Other \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

Buyer  Seller  Subagent for Seller  Agent for Buyer

Builder/Contractor  Other \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

**4. BRIEF DESCRIPTION OF CLAIM:**

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

**5. AMOUNT OF MONEY INVOLVED:** \_\_\_\_\_ (\$ \_\_\_\_\_)

**6. Have there been any formal court pleading filed in this case?**  Yes  No

If yes, are there any trial dates or time limitations involved?

Date \_\_\_\_\_ Court \_\_\_\_\_ Court Docket # \_\_\_\_\_

County Docket # \_\_\_\_\_ Judge \_\_\_\_\_

**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. Has a prior agreement to mediate been signed by the parties?**

YES       NO

If yes, please attach a copy of the signed agreement.

**PLEASE MAIL THIS FORM TO THE DRS MEDIATION ADMINISTRATOR WHO IS IDENTIFIED BELOW TOGETHER WITH AS MANY COPIES AS THERE ARE PARTIES, PLUS ONE.**

Mediation Administrator: Cheryl Adams  
Greater Philadelphia Association of REALTORS®  
1341 N. Delaware Avenue, Suite 200  
Philadelphia, PA 19125