

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. _____ FAX _____

Address _____

Email _____

Buyer Seller Broker Sales Agent Builder/Contractor

Other _____

Professional Liability Insurance Company (if any): _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address _____

Email _____

3. OTHER PARTIES (respondents, other claimants, other potentially responsible parties)

A. Name _____ Phone No. _____ FAX _____

Address _____

Email _____

Buyer Seller Broker Sales Agent Builder/Contractor

Other _____

Professional Liability Insurance Company (if any): _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address _____

Email _____

B. Name _____ Phone No. _____ FAX _____

Address _____

Email _____

Buyer Seller Broker Sales Agent Builder/Contractor

Other _____

Professional Liability Insurance Company (if any): _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address _____

Email _____

C. Name _____ Phone No. _____ FAX _____

Address _____

Email _____

Buyer Seller Broker Sales Agent Builder/Contractor

Other _____

Professional Liability Insurance Company (if any): _____

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address _____

Email _____

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(s): _____

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? Yes No

If yes, please attach copy of the signed agreement.

PLEASE MAIL THIS FORM TO:

Joe Harrison, Program Administrator
Courthouse Annex at Riverpoint
500 SW 7th Street, Suite 100
Des Moines, Iowa 50309

THIS IS A LEGALLY BINDING CONTRACT.
If not understood, consult with the lawyer of your choice.