

**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**

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**2. PARTY REQUESTING MEDIATION**

Name Phone No. FAX

Address

Email

LI Buyer LI Seller LI Broker LI Sales Agent LI Builder/Contractor

LI 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

LI Buyer LI Seller LI Broker LI Sales Agent LI Builder/Contractor

LI 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 \_\_\_\_\_

LI Buyer  LI Seller  LI Broker  LI Sales Agent  LI Builder/Contractor  
 LI 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 \_\_\_\_\_

LI Buyer  LI Seller  LI Broker  LI Sales Agent  LI Builder/Contractor  
 LI Other

Professional Liability Insurance Company (if any):

Name and Address of Legal Counsel or Other Representative:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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



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

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

If yes, are there any trial dates or time limitations involved? **LI** Yes **LI** 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? **LI** Yes **LI** No

Comment(s):

8. Do you need additional information from another attorney? **LI** Yes **LI** No

If yes, what? \_\_\_\_\_

9. Has a prior agreement to mediate been signed by the parties? **LI** Yes **LI** No

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

PLEASE MAIL THIS FORM TO:

Joe Harrison, Program Administrator  
The Polk County Justice Center  
222 5<sup>th</sup> Avenue  
Des Moines, Iowa 50309

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

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