

# SRAR Mediation Services

Southland Regional Association of REALTORS®, Inc.  
7232 Balboa Blvd., Van Nuys, CA 91406

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"/> _____	
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"/> _____	
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 (Other _____)</b>			Buyer <input type="checkbox"/> Seller <input type="checkbox"/> Other <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"/> _____	<input type="checkbox"/> _____	<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**