

INTERNATIONAL CENTRE FOR MEDIATION AND
CONFLICT RESOLUTION

ICMCR REQUEST FORM 1: SUBMISSION TO MEDIATION

To be completed and signed by all parties (attach additional sheets if necessary).

Rules Selected: (whether ICMCR rules or any other agreed by all the parties)

Type of Mediation (Mark the relevant fields):

Commercial. Family. Employment. Civil.

Other (please specify):

Procedure Selected (Mark the relevant fields):

Express Mediation. Mediation. Online Mediation.

Other (Please specify):

Nature of Dispute:

Other Relief Sought (Mark the relevant field):

Amount of Claim:

Attorneys

Fees. Interest. Media
tion Costs

Punitive/Exemplary

Other

Whether any party seeks Emergency Mediation:

Consent of both the parties must be given in writing to ICMCR for Emergency Mediation to be applied to their dispute resolution process.

Amount Enclosed:

In accordance with Fee Schedule: **Flexible Fee Schedule** **Standard Fee**

Schedule:

Hearing Location Requested:

Estimated Time Needed for Hearings Overall:

hours
days

We agree that, if Mediation is selected, we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

Name of Party: Address:	Name of Party: Address:
City: State: Zip Code:	City: State: Zip Code:
Phone No.: Fax No.:	Phone No.: Fax No.:
Email Address:	Email Address:
Signature (required):	Signature (required):
Date:	Date:
Name of Representative:	Name of Representative:
Name of Firm (if applicable):	Name of Firm (if applicable):
Address (to be used in connection with this case):	Address (to be used in connection with this case):
City: State: Zip Code:	City: State: Zip Code:
Phone No.: Fax No.:	Phone No.: Fax No.:
Email Address:	Email Address:

To begin the proceedings administered by ICMCR, please send a copy of this Demand along with the Mediation Agreement, if any. The same must be accompanied with the filing fees as maybe prescribed office address.