



ASSOCIATION OF REALTORS®

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Mediation Intake Form

Party #1 (Complainant) _____
(Circle one) Buyer Seller Buyer's Agent Listing Agent

Property Address: _____

City: _____ State: _____ Zip: _____

Amount of Dispute: _____ (Approximate if necessary)

Type of Dispute: _____

Information on Parties:

Buyer(s): Name: _____
 Address: _____
 Phone: _____ Cell: _____
 Email: _____

Buyer's Agent: Name: _____
 Address: _____
 Phone: _____ Cell: _____
 Email: _____

***Required.** By checking the "include" box below, Party #1 is agreeing to include their Agent in all communications:

include in all correspondence do not include in all correspondence

Seller(s): Name: _____
Address: _____
Phone: _____ Cell: _____
Email: _____

Listing Agent: Name: _____
Address: _____
Phone: _____ Cell: _____
Email: _____

***Required.** By checking the "include" box below, Party #1 is agreeing to include their Agent in all communications:

include in all correspondence do not include in all correspondence

Third Party Information:

Other Parties: Name: _____
Address: _____
Phone: _____ Cell: _____
Email: _____

Name: _____
Address: _____
Phone: _____ Cell: _____
Email: _____

For Bay East AOR use only:

Case # _____ Deposit Amount: _____ Deposit Received: _____

Mediator Assigned: _____

Date Mediation Scheduled: _____ Location: _____

Mediators Assigned:

Doreen Roberts
 Nancie Allen

Laura Owen
 Sharon Luther

Melrose Forde
 Sheila Cunha

NOTES: _____