



Mediation Intake Form

Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Amount of Dispute: _____ (Approximate if necessary)

Type of Dispute: _____

Information on Parties:

Party #1

Name: _____

(Circle one) Buyer Seller Buyer's Agent Listing Agent

Address: _____

Phone: _____ Cell: _____

Email: _____

Name: _____

(Circle one) Buyer Seller Buyer's Agent Listing Agent

Address: _____

Phone: _____ Cell: _____

Email: _____

Party #2

Name: _____

(Circle one) Buyer Seller Buyer's Agent Listing Agent

Address: _____

Phone: _____ Cell: _____

Email: _____

Name: _____

(Circle one) Buyer Seller Buyer's Agent Listing Agent

Address: _____

Phone: _____ Cell: _____

Email: _____

Additional Information (Broker, Attorney):

Name: _____

(Circle one) Buyer Seller Buyer's Agent Listing Agent

Address: _____

Phone: _____ Cell: _____

Email: _____

Name: _____

(Circle one) Buyer Seller Buyer's Agent Listing Agent

Address: _____

Phone: _____ Cell: _____

Email: _____

***Required.** By checking the "yes" box below, you are agreeing to include all parties listed in all communications of this mediation request:

Yes No. If so, why: _____

Signature: _____

Date: _____