

**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

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 OR EMAIL THIS FORM TO:

Joe Harrison, Program Administrator
Districtwide Mediation Program
2500 Thornton Ave
Des Moines, Iowa 50321
Joe@districtwidemediation.com

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

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