

**Sunflower ASSOCIATION OF REALTORS® REQUEST TO INITIATE
MEDIATION - TRANSMITTAL FORM**

(To be completed and mailed to DRS Mediation Provider by party requesting mediation)

Associates in Dispute Resolution, LLC
212 S.W. 8th Avenue
Suite 102
Topeka, KS 66603
(785) 357-1800
(785) 357-0002 (fax)
info@adrmediate.com

DATE: _____

1. NAMES OF ALL PARTIES TO THE DISPUTE

2. PARTY REQUESTING MEDIATION

Name _____ Phone No. _____ Fax: _____

Address: _____

E-mail Address: _____

Buyer Seller Broker Salesperson Builder/contractor Other
Professional Liability Insurance Company:

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX: _____

Address: _____

E-mail Address: _____

Buyer Seller Broker Salesperson Builder/contractor Other
Professional Liability Insurance Company (if known):

3. OTHER PARTIES

Name _____ Phone No. _____ FAX _____

Address: _____

E-mail Address: _____

() Buyer () Seller () Broker () Salesperson () Builder/contractor () Other
Professional Liability Insurance Company (if known):

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address: _____

E-mail Address: _____

() Buyer () Seller () Broker () Salesperson () Builder/contractor () Other
Professional Liability Insurance Company (if known):

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address: _____

E-mail Address: _____

() Buyer () Seller () Broker () Salesperson () Builder/contractor () Other
Professional Liability Insurance Company (if known):

Name and Address of Legal Counsel or Other Representative:

Name _____ Phone No. _____

Firm _____ FAX _____

Address: _____

E-mail Address: _____

() Buyer () Seller () Broker () Salesperson () Builder/contractor () Other
Professional Liability Insurance Company (if known):

4. BRIEF DESCRIPTION OF CLAIM:

5. PREFERRED MEDIATION LOCATION:

- ___ Associates in Dispute Resolution, Topeka, Kansas
- ___ Associates in Dispute Resolution, Lawrence, Kansas
- ___ Associates in Dispute Resolution, Kansas City, Missouri
- ___ Other: _____

6. AMOUNT OF MONEY INVOLVED: _____ (\$_____)

7. Have there been any formal court pleadings filed in this case? () Yes () No

If yes, are there any trial dates or time limitations involved? () Yes () No

Date _____ Court _____

County _____ Judge _____

Court Case # _____

8. Do you have authority to enter and sign a binding written agreement to settle this on behalf of the party you represent? () Yes () No

Comment:

9. Do you need additional information from another attorney or entity? () Yes () No

If yes, what?

10. Has a prior agreement to mediate been signed by the parties? () Yes () No

If yes, please attach copy of the signed agreement.

**PLEASE MAIL THIS FORM TO THE DRS MEDIATION PROVIDER WHO HAS BEEN
SELECTED AND AGREED UPON BY THE PARTIES.**

Name of DRS Mediation Provider Selected:

Associates in Dispute Resolution, LLC
212 S.W. 8th Avenue, Suite 102
Topeka, KS 66603
(785) 357-1800
(785) 357-0002 (fax)
info@adrmediate.com

Please Provide a CONFIDENTIAL Copy of this Form to:

Association Executive
Sunflower Board of REALTORS®
2130 SW 37th St
Topeka, KS 66611