



REQUEST FOR MEDIATION

Name of Responding Party			Name of Representative (if known)		
Address:			Name of Firm (if applicable)		
			Representative's Address:		
City	State	Zip Code	City	State	Zip Code
Phone No.		Fax No.	Phone No.		Fax No.
Email Address:			Email Address:		
The undersigned party to an agreement contained in a written contract dated _____, providing for mediation under the _____ Mediation Procedures of the American Arbitration Association, hereby requests mediation					
THE NATURE OF THE DISPUTE					
CLAIM OR RELIEF SOUGHT (amount, if any):					
AMOUNT OF FILING FEE ENCLOSED WITH THIS REQUEST: \$					
Mediation locale _____ (check one) <input type="checkbox"/> Requested by Filing Party <input type="checkbox"/> Locale provision included in the contract					
Type of Business: Filing Party _____ Responding Party _____					
You are hereby notified that copies of our mediation agreement and this request are being filed with the American Arbitration Association's Case Management Center, located in (check one) <input type="checkbox"/> Atlanta, GA <input type="checkbox"/> Dallas, TX <input type="checkbox"/> East Providence, RI <input type="checkbox"/> Fresno, CA <input type="checkbox"/> International Centre, NY, with a request that it commence administration of this mediation.					
Signature (may be signed by a representative) Date:			Name of Representative		
Name of Filing Party			Name of Firm (if applicable)		
Address (to be used in connection with this case):			Representative's Address:		
City	State	Zip Code	City	State	Zip Code
Phone No.		Fax No.	Phone No.		Fax No.
Email Address:			Email Address:		
To begin proceedings, please send two copies of this Request and the Mediation Agreement, along with the filing fee as provided for in the Rules, to the AAA. Send the original Request to the responding party.					
Please visit our website at www.adr.org if you would like to file this case online. AAA Customer Service can be reached at 800-778-7879					