

HOME BUYERS/HOME SELLERS 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: _____ Fax: _____

Email: _____

Address: _____

Buyer Seller Broker Builder/Contractor Other: _____

Professional Liability Insurance Company: _____

Name and Address of Legal Counsel or Other Representatives:

Name: _____ Phone: _____

Firm: _____ Fax #: _____

Address: _____

3. Other Parties

Name: _____

Phone: _____ Fax #: _____

Email: _____

Address: _____

Buyer Seller Broker Builder/Contractor Other: _____

4. BRIEF DESCRIPTION OF CLAIM:

*"Dispute Resolution System" and the acronym "DRS" are used to identify methods of resolving disputes out of court, including mediation and arbitration.

5. AMOUNT OF MONEY INVOLVED: \$ _____

6. Has there been any formal court pleadings filed in the case? Yes No

If yes, are there any trial dates or time limitation involved? Yes 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? Yes No

Comment: _____

8. Do you need additional information from another attorney? Yes No

If yes, what? _____

9. Has a prior agreement to mediate been signed by the parties? Yes No

If yes, please attach a copy of the signed agreement.

PLEASE MAIL THIS FORM TO THE DRS MEDIATION PROVIDER WHO HAS BEEN SELECTED AND AGREED UPON BY THE PARTIES. IF NO AGREEMENTS EXIST, MAIL TO ANY QUALIFIED DRS MEDIATION PROVIDER IN YOUR AREA.

Insurance Company: _____

Name and Address of Legal Counsel or Other Representatives:

Name: _____ Phone: _____

Firm: _____ Fax #: _____

Address: _____

Buyer Seller Broker Builder/Contractor Other: _____

LIST OF MEDIATORS

Kim L. Kirn

Mediator and Attorney
326 North Central Avenue
St. Louis, MO 63105
O: (618) 791-8491
klkirn@gmail.com

\$325 per party for 1/2 day of mediation

Angie Zahn

Strano & Associates
705 E. Hanover
New Baden, IL 62265
O: (618) 588-9876
C: (618) 973-7880
ma.zahn@sbcglobal.net

\$50 filing fee (non-refundable)
\$150 per hour, minimum of 1 hour