



THE NATIONAL CENTER FOR DISPUTE SETTLEMENT  
ARBITRATION OR MEDIATION REQUEST FORM

43230 Garfield Road, Ste. 130, Clinton Township, MI 48038  
TEL: 586-226-2470 FAX: 586-226-2559

PLEASE CHECK:            REQUEST FOR ARBITRATION             REQUEST FOR MEDIATION

To initiate the proceeding, please complete this form and return it with the administrative fee as prescribed in the Rules. The parties will be billed for the Neutral's per diem or hourly fee once the proceeding is complete.

**PLEASE NOTE: All payments must be received in order to schedule the hearing.**

Claimant: \_\_\_\_\_ Respondent: \_\_\_\_\_

Attorney: \_\_\_\_\_ Attorney: \_\_\_\_\_

Attorney Address: \_\_\_\_\_ Attorney Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

DESCRIPTION OF DISPUTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMITTAL SIGNATURE: The appointment of a mediator or arbitrator for this dispute, pursuant to NCDS Rules, is hereby requested by the individual whose signature appears below.

Authorized Representative: \_\_\_\_\_  
(Signature)

Printed Name:

Date:

Claimant / Respondent (please circle one)