



National Center for Dispute Settlement

43230 Garfield Road, Suite 130, Clinton Township, MI 48038

Toll Free 800-936-4303 · Direct 586-226-2470 · Facsimile 586-226-2559

REQUEST FOR MEDIATION UNDER THE NCDS RULES

To:

(Name of party with whom a claim is asserted. Example: If a homebuyer is requesting mediation with a builder, insert builder's name. If a builder is requesting mediation with a homebuyer, insert homebuyer's name.)

Address: _____

City, State, Zip Code: _____

Telephone: _____

The undersigned, a party to an agreement dated _____ providing for mediation pursuant to the Rules adopted by **NCDS** in effect at the time of this filing, hereby requests mediation.

NATURE OF CLAIM(S) and REMEDY SOUGHT *Please type. Attach additional pages, if needed.*

You are hereby notified that a copy of this Request is being filed with **NCDS** with the appropriate administrative fee payable to **NCDS**. The undersigned shall telephone **NCDS** five (5) days after the mailing of the Request for Mediation to ensure receipt. Upon receipt of the Request, **NCDS** shall commence the mediation proceedings.

Signed: _____

Date: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____