



**THE NATIONAL CENTER FOR DISPUTE SETTLEMENT
ARBITRATION OR MEDIATION REQUEST FORM**

12400 Coit Rd, Suite 1230, Dallas, TX 75251

TEL: (800) 936-4303 FAX: (972) 807-9919

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)