

Erie County Bar Association

REQUEST FOR MEDIATION

(Important Note: IF YOU HAVE INSURANCE THAT MAY COVER YOU FOR THIS DISPUTE, YOU SHOULD NOTIFY YOUR INSURANCE COMPANY BEFORE SUBMITTING THIS REQUEST.)

Date:

1. PLEASE INDICATE THE TYPE OF DISPUTE:

- | | |
|--|---|
| <input type="checkbox"/> Contract | <input type="checkbox"/> Family/Domestic |
| <input type="checkbox"/> Consumer/Merchant | <input type="checkbox"/> Personal Injury/Property Damage |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other (please specify): <input type="text"/> |

2. IS THIS DISPUTE FILED WITH EITHER A COURT OR ADMINISTRATIVE AGENCY?

Yes No

A. If you answered Yes:

Name(s) of Plaintiff:

Name(s) of Defendant:

Name of Court or Agency:

Court Docket Number:

Name of Judge assigned:

Date Complaint was filed:

B. If you answered Yes, please state any discovery deadlines, hearing, or trial dates:

3. PARTY SUBMITTING REQUEST FOR MEDIATION:

A. Name(s):

B. If a business, name of person(s) with settlement authority in this case:

C. Address:

D. Phone Number(s):

E. Fax Number(s) and Email Address(s):

ECBA File #

F. If applicable, provide the following information about your legal counsel:

1. Name:

2. Firm Name:

3. Address:

4. Phone Number:

5. Fax Number and Email Address:

6. If your insurance company is providing this legal counsel for you, please state the name of the insurance company:

4. OTHER PARTY: (If more than one, please provide the following information for each party.)

A. Name:

B. If a business, name of person(s) with settlement authority in this case:

C. Address:

D. Phone Number:

E. Fax Number and Email Address:

F. If applicable, provide the following information about their legal counsel:

1. Name:

2. Firm Name:

3. Address:

4. Phone Number:

5. Fax Number and Email Address:

6. If your insurance company is providing this legal counsel for you, please state the name of the insurance company:

5. HAVE ALL PARTIES AGREED TO MEDIATE THIS DISPUTE? Yes No

6. WHO WILL BE PRESENT AT THE MEDIATION WITH AUTHORITY TO SETTLE THE DISPUTE?

7. BRIEFLY DESCRIBE THE FACTS OF YOUR DISPUTE. INCLUDE NAMES, EVENTS, AND DATES:
(If your mediator requires more information, you will be contacted prior to your session.)

8. BRIEFLY DESCRIBE THE MONETARY DAMAGES OR OTHER RELIEF AT ISSUE.

9. PLEASE DESCRIBE THE CURRENT DEMANDS OR OFFERS MADE BY BOTH PARTIES WITH REGARD TO
SETTLING THE DISPUTE.

10. HAVE YOU AGREED ON A MEDIATOR? Yes No

If Yes, please provide the name of the mediator:

(If there is no agreement, the ECBA will assist in the assignment of a mediator in accord with the procedures set out in Section II, D.2. of the General Guidelines.)

11. IF MEDIATION FEES ARE TO BE SHARED OTHER THAN EQUALLY BETWEEN THE PARTIES, DESCRIBE THE ARRANGEMENT HERE:

12. ARE YOU SEEKING MORE THAN THREE HOURS FOR MEDIATION? Yes No

If Yes, please state the amount of time you expect you will need.

Please forward this form, along with the Agreement to Mediate, and the initial fee of \$600.00 to the Erie County Bar Association, 302 West Ninth Street, Erie, PA 16502-1427.