



The information you provide is solely for the purpose of managing your mediation. After completing the form, please save it to your hard drive and send it simultaneously to the AAA and the opposing party or parties.

You may file this form online by visiting [www.adr.org](http://www.adr.org) and clicking on File a Case, or by email at [casefiling@adr.org](mailto:casefiling@adr.org), or by U.S. mail at American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043.

Note: If you have a contract that provides for mediation, please include a copy with this form.

If you have any questions please email us at [mediationservices@adr.org](mailto:mediationservices@adr.org).

|                                                                                                  |                                                                                                  |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| * Name of Party 1:<br>(Company, Organization, or Person's Name if an individual.)                | * Name of Party 2:<br>(Company, Organization, or Person's Name if an individual.)                |
| * Email Address:                                                                                 | * Email Address:                                                                                 |
| * Confirm Email Address:                                                                         | * Confirm Email Address:                                                                         |
| * Address:                                                                                       | * Address:                                                                                       |
| * City:                                                                                          | * City:                                                                                          |
| * State/Province:                                                                                | * State/Province:                                                                                |
| * Zip/ Postal Code:                                                                              | * Zip/ Postal Code:                                                                              |
| * Country:                                                                                       | * Country:                                                                                       |
| * Telephone:                                                                                     | * Telephone:                                                                                     |
| Representative Information (if applicable):<br>Select "YES" if Self-Represented:    Yes<br>Name: | Representative Information (if applicable):<br>Select "YES" if Self-Represented:    Yes<br>Name: |
| Name of Firm (if applicable):                                                                    | Name of Firm (if applicable):                                                                    |
| Email Address:                                                                                   | Email Address:                                                                                   |
| Confirm Email Address:                                                                           | Confirm Email Address:                                                                           |
| Address:                                                                                         | Address:                                                                                         |
| City:                                                                                            | City:                                                                                            |
| State/Province:                                                                                  | State/Province:                                                                                  |
| Zip/ Postal Code:                                                                                | Zip/ Postal Code:                                                                                |
| Country:                                                                                         | Country:                                                                                         |
| Telephone:                                                                                       | Telephone:                                                                                       |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| * Name of Person Filing this Request:                                                                                                                                                                             |  |  |  |  |
| * Please indicate the category that best describes the nature of the dispute:    Commercial    Construction    Employment    Consumer<br>Labor    International    Other (specify):                               |  |  |  |  |
| * Does this matter involve more than two parties?    Yes    No<br>(If "Yes", please provide the additional party's/parties' contact information in the space below.)                                              |  |  |  |  |
| * Requested Mediation Locale (Country, State/City/Province):                                                                                                                                                      |  |  |  |  |
| Virtual    Yes    No                                                                                                                                                                                              |  |  |  |  |
| * Have parties mutually agreed to mediate?    Yes    No                                                                                                                                                           |  |  |  |  |
| * Have parties mutually agreed to a mediator?    Yes    No    If "Yes" enter name of mediator:                                                                                                                    |  |  |  |  |
| * Summary of Dispute:                                                                                                                                                                                             |  |  |  |  |
| Claim or Relief Sought: (amount, if any)                                                                                                                                                                          |  |  |  |  |
| * Please indicate your preference for when you would like the actual mediation session to be conducted:<br>Within 7 business days    Within two weeks    Within 30 days    Later than 30 days    Specific Date(s) |  |  |  |  |