

## Application to Mediate

If you would like to submit a matter to ADR West, or wish additional information on members of our panel, please fill in the form below. Once the form is completed, please fax to (719) 481-5822. You may also contact us via telephone at (719) 337-7560 or email us.

Your Name:		
Your Email:		
Plaintiff's Counsel		
Name:		
Email Address:		
Organization:		
Street Address:		
Address (cont.):		
City:	State/Province:	Zip/Postal code:
Work Phone:	Fax:	
Defendant's Counsel		
Name:		
Email Address:		
Organization:		
Street Address:		
Address (cont.):		
City:		Zip/Postal code:
Work Phone:	Fax:	
Insurance Adjuster (if any)		
Name:		
Email Address:		
Organization:		
Street Address:		
Address (cont.):		
City:		
Work Phone:	Fax:	
Plaintiff:		
Name:		-
Email Address:		-
Defendant:		
Name:		_
Email Address:		-

Case Name:	
Enter the type of matter in the space provided below (media	ation, arbitration, discovery reference, etc.).
Enter the name of the neutral or neutrals you wish to consid	ler for this matter:
Have the parties agreed to this neutral?	
How many hours would you like to allocate to this matter?	
How should the fees be split?	
What time frame are the parties considering? Are there any	time constraints involved?
What type of case is this (ex: Construction, Medical Malpra	actice, etc)?
If a court case number has already been assigned, please en	ter it below.
If there is additional pertinent information, please enter it in	n the space below.
Stipulation to Mediate	
PLAINTIFF(S)	CASE NO.
VS.	
DEFENDANT(S)	_

	ATED by and between the undersigned parties, and their respective attorneys aptioned matter is hereby submitted mediation before, he "Mediator."
	et the proceedings in a manner designed to facilitate communication between n reaching a mutually acceptable agreement.
a replacement Mediator sh	initially chosen is unable to commence or complete the proceedings, then hall be chosen from the panel offered by ADR West. If the parties cannot agree htor, ADR West, is hereby empowered to choose the replacement Mediator.
The Parties	
DATE	PRINT NAME
Attorneys for the Par	rties
DATE	PRINT NAME