

INTERNATIONAL CENTRE FOR MEDIATION AND
CONFLICT RESOLUTION

ICMCR REQUEST FORM 1: SUBMISSION TO MEDIATION

To be completed and signed by all parties (attach additional sheets if necessary).

Rules Selected: (whether ICMCR rules or any other agreed by all the parties)

Type of Mediation (Mark the relevant fields):

Commercial. Family. Employment. Civil.

Other (please specify):

Procedure Selected (Mark the relevant fields):

Express Mediation. Mediation. Online Mediation.

Other (Please specify):

Nature of Dispute:

Amount of Claim:	Other Relief Sought (Mark the relevant field): Attorneys Fees. Interest. Media tion Costs Punitive/Exemplary Oth er
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Name of Party: Address: City: State: Zip Code: Phone No.: Fax No.: Email Address: Signature (required): Date: Name of Representative: Name of Firm (if applicable): Address (to be used in connection with this case): City: State: Zip Code: Phone No.: Fax No.: Email Address:	Name of Party: Address: City: State: Zip Code: Phone No.: Fax No.: Email Address: Signature (required): Date: Name of Representative: Name of Firm (if applicable): Address (to be used in connection with this case): City: State: Zip Code: Phone No.: Fax No.: Email Address:
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To begin the proceedings administered by ICMCR, please send a copy of this Demand along with the Mediation Agreement, if any. The same must be accompanied with the filing fees as maybe prescribed office address.