



**PACIFIC WEST ASSOCIATION OF REALTORS®**

**REQUEST & CONSENT TO MEDIATION**

Date: \_\_\_\_\_

Party Requesting Mediation: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E- Mail address: \_\_\_\_\_

Buyer Seller Other \_\_\_\_\_

Claim or Relief Sought: (Dollar Amount) \_\_\_\_\_

**Note:** If dispute is \$10,000 or less, it may be settled in small claims court without going to mediation or arbitration.

Name and address of your Legal Counsel or other Representative (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Name of Respondent & Title \_\_\_\_\_

Firm Name \_\_\_\_\_ Broker/Manager \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address: \_\_\_\_\_

Buyer    Seller    Other \_\_\_\_\_

Name and address of your Legal Counsel or other Representative (if applicable):

\_\_\_\_\_

Address of Property (if applicable) \_\_\_\_\_

**MEDIATION CLAUSE**

The undersigned party is requesting mediation and is doing so pursuant to an Agreement, contained in a written contract, dated \_\_\_\_\_. Such Agreement provides for mediation, and the undersigned party hereby consents to mediation under the terms of the Agreement. If there is no such Agreement between the Parties, the Respondent hereby voluntarily consents to mediation. [***Please attach a copy of the Agreement.***]

**LOCATION OF MEDIATION**

It is understood and agreed that the mediation will be held at the Administrative Offices of the **Pacific West Association of REALTORS® (“Association”)**, located at 1601 E. Orangewood Ave., Anaheim, CA 92805, pursuant to the Mediation Rules of the **Association**. A signed copy of the mediation rules of the **Association** is transmitted to you herewith along with this Consent to Mediation (“Consent”).

**NATURE OF DISPUTE & RELIEF SOUGHT**

The following dispute that shall be mediated between the Parties (“Dispute”) is briefly described as follows: [*i.e. property address; Escrow No.; MLS Listing; other description and brief summary of stipulated or disputed facts.* If an attachment is provided with additional facts, please check here:    ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim or Relief Sought [Provide amount, if any. No injunctive or equitable relief is available.]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you and the other party disagree about?

\_\_\_\_\_  
\_\_\_\_\_

Are there any facts or circumstances you and the other party might agree upon?

\_\_\_\_\_  
\_\_\_\_\_

What has happened so far in this dispute? (i.e. settlement discussions, partial settlements, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What do you desire to obtain from this mediation?

\_\_\_\_\_  
\_\_\_\_\_

Please add anything else you think would be helpful for a mediator to know (if an additional sheet of paper is necessary and included herein, please check the box )

\_\_\_\_\_  
\_\_\_\_\_



Name(s) of opposing disputant(s) \_\_\_\_\_

Name of Firm \_\_\_\_\_ Broker/Manager \_\_\_\_\_

Address of opposing disputant(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_



**ADDITIONAL DOCUMENTS**

To institute proceedings, please send the original of this Request & Consent including a **signed** copy of the acceptance of the Mediation Rules and Confidentiality Agreement, to:

PACIFIC WEST ASSOCIATION OF REALTORS®  
Attn: Professional Standards Department  
1601 E. Orangewood Ave., Anaheim, CA 92805  
Phone: (714) 245-5500 | Fax: (714) 245-5599 | E-Mail: [prostandards@pwr.net](mailto:prostandards@pwr.net)

Once the signed Request & Consent and Mediation Rules and Confidentiality Agreement are received, mediators will be appointed and a mediation conference date set. A staff representative of the Association will send a copy of this Request & Consent, the Mediation Rules, and a Consent to Mediation to the Responding Party. You will receive a **21 DAY NOTICE** setting forth the date and time for the mediation.

TO RESPONDENTS: Upon receiving this form, the Responding Party is hereby noticed that copies of the Mediation Agreement and of this Request & Consent are being filed with the Association at its Administrative Office, with the request that it commence the administration of the mediation. A staff representative of the Association will contact you to arrange the mediation. A signed copy of the Association’s Mediation Rules shall be transmitted to you herewith along with a Request & Consent to Mediation and Confidentiality Agreement.

Please indicate below the dates that you will **not** be available for Mediation:

\_\_\_\_\_ (Dates not available)

**WAIVER OR REJECTION OF MEDIATION**

By signing below I indicate that I **DO NOT** wish to utilize the Mediation Service of the **Pacific WEST ASSOCIATION of REALTORS®** to resolve this dispute.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
(Signature of Respondent and/or Representative)

Name of Representative \_\_\_\_\_

Address of Representative \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**CONSENT TO MEDIATION**

By signing below I indicate that I do wish to utilize the Mediation Services of the **PACIFIC WEST ASSOCIATION of REALTORS®** to resolve this dispute.

- Party Requesting Mediation (“Complainant”)
- Party Responding to Mediation (“Respondent”)
- Other party

Signed \_\_\_\_\_ Title \_\_\_\_\_  
(Please circle: signature of Complainant / Respondent / Representative)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I/we understand and agree that I am responsible for my portion of the fees incurred in this mediation.

**PAYMENT**

Enclosed please find my Administrative Fee in the amount of \$325.00 (**per party**) or charge to my credit card. The remaining balance due will be paid on the day of the scheduled Mediation. (Refer to Schedule “A” in the Mediation Rules & Confidentiality Agreement for the full schedule of fees)

- Visa
- Mastercard
- American Express
- Check Enclosed

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature