

# Nationwide Academy of Dispute Resolution UK Ltd

Stockland Cottage 11 James St, Treforest, Pontypridd Wales CF37 1BU UK : Phone +44(0)1443 486122 : Fax + 44(0)1443 404171

## MEDIATION REQUEST FORM FCSM01

|                                                                                                                        |                                                                                                           |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Date:</b> ▶                                                                                                         | <b>Claim No</b> ▶                                                                                         | <b>Your ref</b> ▶                                                                                    |
| <b>Court</b> ▶<br><i>If any:</i>                                                                                       | <b>Claim Ref:</b> ▶                                                                                       | <b>NADR No</b> ▶<br><i>We supply this number</i>                                                     |
| <b>CLAIMANT'S NAME:</b>                                                                                                |                                                                                                           | v                                                                                                    |
| ▶                                                                                                                      |                                                                                                           | ▶                                                                                                    |
| <b>DEFENDANT'S NAME :</b>                                                                                              |                                                                                                           |                                                                                                      |
| ▶                                                                                                                      |                                                                                                           |                                                                                                      |
| <b>REFERING PARTY:</b>                                                                                                 |                                                                                                           | <b>RESPONDING PARTY:</b>                                                                             |
| ▶                                                                                                                      |                                                                                                           | ▶                                                                                                    |
| <b>REFERER'S INFORMATION</b>                                                                                           |                                                                                                           | <b>RESPONDENT'S INFORMATION</b>                                                                      |
| <b>Officer</b> ▶                                                                                                       |                                                                                                           | <b>Officer</b> ▶                                                                                     |
| <b>Address</b> ▶                                                                                                       |                                                                                                           | <b>Address</b> ▶                                                                                     |
| <b>Tel</b> ▶                                                                                                           | <b>Fax</b> ▶                                                                                              | <b>Tel</b> ▶                                                                                         |
|                                                                                                                        |                                                                                                           | <b>Fax</b> ▶                                                                                         |
| <b>REFERER'S REPRESENTATIVE (if any)</b>                                                                               |                                                                                                           | <b>RESPONDENT'S REPRESENTATIVE (if known)</b>                                                        |
| <b>Name</b> ▶                                                                                                          |                                                                                                           | <b>Name</b> ▶                                                                                        |
| <b>Officer</b> ▶                                                                                                       |                                                                                                           | <b>Officer</b> ▶                                                                                     |
| <b>Address</b> ▶                                                                                                       |                                                                                                           | <b>Address</b> ▶                                                                                     |
| <b>Tel</b> ▶                                                                                                           | <b>Fax</b> ▶                                                                                              | <b>Tel</b> ▶                                                                                         |
|                                                                                                                        |                                                                                                           | <b>Fax</b> ▶                                                                                         |
| <b>Brief description of dispute :</b>                                                                                  |                                                                                                           |                                                                                                      |
| ▶                                                                                                                      |                                                                                                           |                                                                                                      |
| <b>Brief description of claim :</b>                                                                                    |                                                                                                           |                                                                                                      |
| ▶                                                                                                                      |                                                                                                           |                                                                                                      |
| <b>Last Demand</b> £ ▶      sterling                                                                                   | <b>Last offer</b> £ ▶      sterling                                                                       |                                                                                                      |
| <b>Is litigation pending ?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>                                | <b>Status of Discovery</b>                                                                                | Partial <input type="checkbox"/> Complete <input type="checkbox"/> Informal <input type="checkbox"/> |
| <b>Is this dispute governed by an NADR Mediation Clause ?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                                                           |                                                                                                      |
| <b>Is the other side required to mediate ?</b>                                                                         | <b>Is any Tribunal or other action pending ?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                                                      |
| YES <input type="checkbox"/> NO <input type="checkbox"/>                                                               | If YES provide details ▶                                                                                  |                                                                                                      |
| <b>What information do you need from the other side? (if any)</b>                                                      |                                                                                                           |                                                                                                      |
| ▶                                                                                                                      |                                                                                                           |                                                                                                      |
| <b>Additional parties to be contacted (if any) :</b>                                                                   |                                                                                                           |                                                                                                      |
| ▶                                                                                                                      |                                                                                                           |                                                                                                      |

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## What to Do Next.

| Tasks                                                                                                                                                                                                                                                                |                   | Checkpoint               |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|--------------------------|
| Check.                                                                                                                                                                                                                                                               | ACTIONS           | YES                      | NO                       |
| 1 Before submitting this Mediation request form, have you communicated with the other party and attempted a settlement ?                                                                                                                                             | <b>ATTEMPTED</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Have you considered seeking or sought legal advice ?                                                                                                                                                                                                               | <b>CONSIDERED</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Send the Mediation Request Form (Mail or Fax) to<br>The NADR Administrator<br>Stockland Cottage, 10 James St, Treforest,<br>Pontypridd CF37 1BU UK<br>E-Mail : <a href="mailto:Administrator@nadr.co.uk">Administrator@nadr.co.uk</a><br>Fax : 0044 (0)1443 404171 | <b>SENT</b>       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Send a copy of this form (Mail/E-mail or Fax) to the other party with a covering letter stating your intention to refer the dispute to the duly appointed mediator.                                                                                                | <b>SENT</b>       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>AFTER WHICH</b>                                                                                                                                                                                                                                                   |                   |                          |                          |
| 5 The other party should send you confirmation of consent to mediation                                                                                                                                                                                               | <b>RECEIVED</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 On arrival check administrative details to make sure they are recorded correctly                                                                                                                                                                                   | <b>CHECKED</b>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Prepare for mediation. Compile & submit documents etc                                                                                                                                                                                                              | <b>PREPARED</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 NADR will send you Notice of Mediation (date, time, location etc)                                                                                                                                                                                                  | <b>RECEIVED</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Send NADR any outstanding documentation requested. You may receive additional documents from the other party                                                                                                                                                       | <b>Sent</b>       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 NADR will send you a Notice of Initiation of Mediation Process                                                                                                                                                                                                    | <b>RECEIVED</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Notify everyone in your team about attendance details                                                                                                                                                                                                             | <b>NOTIFIED</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Attend the Mediation                                                                                                                                                                                                                                              | <b>ATTENDED</b>   | <input type="checkbox"/> | <input type="checkbox"/> |

We hope that you will be able to reach  
a quick, amicable and acceptable  
settlement of your dispute.