

**REQUEST TO INITIATE MEDIATION**  
Homesellers/Homebuyers Dispute Resolution (Mediation) Service  
(a.k.a. S.A.R. DRS)

**Date of Request:** \_\_\_\_\_

**Please attach check or Visa/MC authorization payable to S.A.R. for \$215, which covers your portion of the minimum mediation and administrative fees.**

**Administrative Fee:** \$130 (\$65/party **non-refundable**)

**Minimum Mediation Fee:** \$150/party (refundable if mediation request is withdrawn prior to scheduling of mediation conference)

**Fee Explanation:** Fees for S.A.R.'s DRS are \$150/hour for the mediator's services, with a \$300 minimum. Including the \$130 non-refundable administrative fee, the total fees due prior to the mediation are \$430. This initial cost is divided between the complainant and respondent to the mediation at the time of filing the request to mediate and responding to that request; therefore, **each party will submit \$215**. The mediator, however, may assign costs/fees differently at the conclusion of the mediation conference. Time exceeding the two hour minimum, will be billed at \$150/hour. All costs/fees, as assigned by the mediator, are due and payable at the conclusion of the mediation conference.

**1. PARTY REQUESTING MEDIATION:**

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

Address: \_\_\_\_\_  
(including City and Zip Code)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

( ) Buyer ( ) Seller ( ) Other

Name of requesting party's REALTOR® \_\_\_\_\_

**2. NAMES OF ADDITIONAL PARTIES TO THE DISPUTE:**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

( ) Buyer ( ) Seller ( ) Other

Name of responding party's REALTOR® \_\_\_\_\_

**Names of Additional Parties to Dispute continued:**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer  Seller  Broker  Sales Agent  Builder/Contractor

Other \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer  Seller  Broker  Sales Agent  Builder/Contractor

Other \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer  Seller  Broker  Sales Agent  Builder/Contractor

Other \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer  Seller  Broker  Sales Agent  Builder/Contractor

Other \_\_\_\_\_

**3. BRIEF DESCRIPTION OF CLAIM:**

**4. AMOUNT OF MONEY INVOLVED:** \_\_\_\_\_

**5. DATE and TIME OF MEDIATION CONFERENCE:**

Please list **ANY** dates and times within sixty (60) days of your filing this REQUEST that you **ARE NOT** available for a mediation conference. (Please remember that the object of mediation is to resolve the conflict as soon as possible, thus the reason for a short time frame of date selections.) \_\_\_\_\_

**6. ATTACH COPY OF THE FOLLOWING TO THIS SIGNED AGREEMENT:**

- a. A fully executed true copy of the Agreement containing the mediation clause (i.e., C.A.R.'s Purchase Contract); **or**
- b. In the absence of a contract clause or other such written agreement, a written request detailing the nature of the dispute by any party seeking to submit an existing dispute or claim to mediation under S.A.R. DRS Rules and Procedures.

**Please mail this form with \$215 to:**

Sacramento Association of REALTORS®  
Attn: Pat Lowell, Director of Professional Standards  
2003 Howe Avenue  
Sacramento, CA. 95825

(Please be aware that upon receipt of this request for mediation, a copy will be forwarded to the other party.)