


Bucks County Association of REALTORS®

1452 Old York Road
Warminster, PA 18974

 215-956-9176

 www.bucksrealtor.com

Home Buyers / Home Sellers Dispute Resolution System (DRS)

Request to Initiate Mediation – Transmittal Form

To be completed by the party (buyer or seller) requesting mediation

PLEASE PRINT CLEARLY OR TYPE

Date: _____

1. Party Requesting Mediation

Name(s): _____

Phone: _____

Address:

Email*: _____

Role:

☐ Buyer ☐ Seller ☐ Other: _____

Legal Counsel or Other Representative (if applicable)

Name: _____ **Phone:** _____

Firm: _____ **Fax:** _____

Address:

Email: _____

☐ *Check here if Counsel is to be the primary point of contact*

2. Other Party(ies) to the Dispute

** An address is required to proceed*

Name(s): _____

Phone: _____

Address:

Email*: _____

Role:

☐ Buyer ☐ Seller ☐ Other: _____

Legal Counsel or Other Representative (if applicable and known)

Name: _____ Phone: _____

Firm: _____ Fax: _____

Address:

Email: _____

3. Additional Information

Agent/Broker for Seller: _____

Agent/Broker for Buyer: _____

Brief Description of Claim

- Attach a **separate typed or written narrative** explaining the dispute
- Attach a **copy of the Agreement of Sale**

4. Amount of Money Involved

\$ _____

5. Court Proceedings

Have any formal court pleadings been filed?

☐ Yes ☐ No

If yes, provide the following information:

- Court: _____
 - County: _____
 - Judge: _____
 - Trial Date / Time Limitation: _____
 - Court Docket Number: _____
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6. Settlement Authority

Do you have the authority to enter into and sign a binding written settlement agreement on behalf of the party you represent?

☐ Yes ☐ No

Comments:

7. Prior Mediation Agreement

Has a prior agreement to mediate been signed?

☐ Yes ☐ No

If yes, attach a copy of the signed agreement or the Agreement of Sale.

Submission & Payment Information

Mediation Administrator:

Lisa M. Frey

Director of Professional Development

Forms and supporting documents may be emailed to: lisa@bucksrealtor.com

Nonrefundable Administration Fee: \$100.00

1. Credit Card: <ul style="list-style-type: none">○ Call 215-956-9176 ext. 103	2. Check: <ul style="list-style-type: none">○ Payable to BCAR○ Mail in with Memo line: DRS-Mediation
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