



Kansas City Regional Association of REALTORS®

MEDIATION/DISPUTE RESOLUTION SUBMISSION FORM

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

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

Telephone #: \_\_\_\_\_ Mobile # \_\_\_\_\_

\_\_\_\_\_ Willing to participate in person at Mediation/Dispute Resolution
\_\_\_\_\_ Willing to participate by telephone/video conference call in Mediation/Dispute Resolution

Nature of Conflict:

Time, date, place of conflict (please attach supporting documents, if any, including contract of sale/addenda)

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

\_\_\_\_\_ Yes, I am willing to participate in good faith in Mediation/Dispute Resolution and to pay my equal portion of any Mediation/Dispute Resolution fees/expenses. I prefer the following day/night of the week (including time of day allowing for one 4 hour session or two 2 hour sessions):

Please indicate first and second choices:

M T W Th F Sat Sun at \_\_\_\_\_ .m. - 1st choice
M T W Th F Sat Sun at \_\_\_\_\_ .m. - 2nd choice

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Return form to ElGene Ver Dught, J.D., Executive Officer
Mediation Services of Missouri
13910 Noland Ct, Ste. B-1
Independence, MO 64055
1-800-637-7511

