



Arbitration Service of Portland, Inc.

www.arbserve.com

620 SW Fifth Ave. # 1010
Portland, Oregon 97204

503-226-3109
1-800-423-1216

fax 503-226-3072

James J. Damis,
Administrator/Attorney

REQUEST FOR MEDIATION

- Request for a mediation of a dispute.** The Requesting Party identified below hereby initiates mediation pursuant to an agreement, a copy of which is enclosed. Requesting Party encloses the \$200 non-refundable mediation filing fee and summarizes the dispute on the next page.
- Requesting Party.** The name, address, and telephone number of Requesting Party and the Requesting Party's attorney (if any):

Requesting Party:

Attorney for Requesting Party:

Name: _____

Address: _____

Telephone (daytime): _____

Telephone: _____

Telephone (evening): _____

- Opposing Party.** The name, address and telephone number of Opposing Party and its/their attorney (if any):

Opposing Party:

Attorney:

Name: _____

Address: _____

Telephone (daytime): _____

Telephone: _____

Telephone (evening): _____

(attach separate sheet to name Additional Opposing Parties)

SUMMARY OF THE CLAIM NOW BEING DISPUTED

The following is a brief summary of the claim(s) of the Requesting Party (or any claim of the Opposing Party), the relief sought, the dollar amount of any money demand, whether interest is claimed, whether attorney's fees are claimed (and, if so, whether based on contract or statute), and, to the extent known, the denial or defense to such claim(s):

(Attach extra page if necessary)

Date: _____

Signature of Requesting Party or Requesting Party's Attorney: _____

Print signer's name: _____

Representative capacity: _____

(Attorney, President, Partner, Party, etc.)

Filing Instructions: Mail or deliver this Request for Mediation to Arbitration Service of Portland with your non-refundable filing fee check or money order for \$200.00 payable to "Arbitration Service of Portland." Enclose a copy of the Agreement (if any) that suggests or requires mediation.