





901 SMILE WAY, YORK, PA 17404 • 717.843.7891 / FAX 717.854.0720 / WWW.RAYAC.COM

1/01/09

HOME SELLERS/HOME BUYERS DISPUTE RESOLUTION SYSTEM MEDIATION TRANSMITTAL FORM - INITIATING PARTY

(To be completed and mailed to the REALTORS® Association of York & Adams Counties Inc. by party initiating the mediation. It must be accompanied by a copy of the applicable <u>Agreement of Sale or Listing Contract</u> and a check in the amount of \$175 made payable to "RAYAC." The amount of \$140 will be returned in the event that case is withdrawn or settled prior to the appointment of a mediator. For Escrow Deposit Disputes, please see <u>Mediation Rules and Procedures</u>, page 4, #12.)

1. PARTY REQUESTING MEDIATION

Name:			
Address:			
	Street	City	State Zip
Phone:	Fax:	E-mail	
You are:	() Buyer () Seller () Builder/Contractor	() Other	() Sales Agent
The attorney	representing you, if any:		
Name:	F	irm:	
Address:	Street		
	Street	City	State Zip
Phone:	Fax:	E-mail	
	********** Inding Party The party agains witnesses):	* * * * * * * * * * * * * * * * * * *	
Name:			
Address:	0		ı
	Street	City	State Zip
Telephone:_	F	AX:	
They are:	() Builder/Contractor () Inspec	```	() Sales Agent
	om, paraes to the co.	indict are required to inculate.	

If the real estate broker or agent is being named as a supportive witness, please include that information in paragraph #4.

If the real estate broker or agent is being named as an additional defending party, please include an explanation of the nature of your dispute with the real estate broker or agent in paragraph #3.

Additional Defending Parties (if any):

Name:			·			
Address:	Street		City	State Zip		
Telephone:_		FAX:				
They are:	() Builder/Cont	ractor () Inspector	() Seller () Broker () Sales Agent ctor () Inspector () Otherrties to the contract are <i>required</i> to mediate.			
* * * * * * *	* * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * * * * *	* * * * * * * * * *		
Name:		· 	· · · · · · · · · · · · · · · · · · ·	·		
Address:						
	Street		City	State Zip		
Telephone:_		FAX:				
They are:	() Builder/Cont	() Seller tractor () Inspector parties to the contract are	() Other	er		
* * * * * * *	* * * * * * * * * *	******	* * * * * * * * * * *	* * * * * * * * * *		

3. BRIEF DESCRIPTION OF CLAIM:

Please explain the nature of your dispute. Use additional paper if necessary.

(Please attach copies of relevant written documents including but not limited to Listing Agreements, Agreements of Sale, Construction Contracts, Memorandums of Understanding, Sellers Disclosure Statement, Disclosure Inspection Addendum, Bills and Invoices). Failure to include the supporting documentation may result in delay.)

4.	<u>Witnesses</u> (A witness is someone who can help support your claim) Please identify the names and addresses of any and all witnesses you intend to i mediation conference:				
	<u> </u>				
5.		Y INVOLVED: (This is the ge, you should include copic	e monetary	claim you are seeking. As	
	\$				
6.	Have there been any for () yes () no	mal court pleadings filed	in this case?	,	
	If yes, are there any trial () yes () no Provide details:	dates or time limitations inv	olved?		
	Date:	Court:			
	County:	Judge:			
	Court Case Number: #				
7.	Do you have authority to enter into and sign a binding written agreement to settle this dispute on behalf of the party you represent? () yes () no				
	Comment:			·	
8.	Do you need additional () yes () no	information from another	party?		
	Explain:				
9.	Settlement Date:	if settlen	ient has occ	curred.	
SIG	NATURES:				
print	t name	signature		date	
	t name	signature			