

**REQUESTING PARTY
AUTHORIZATION & CHECK - OFF LIST**

**This authorization & check-off list *must* be signed and returned with all required paperwork to OM Services *before* the processing of your request can begin.
PLEASE SUBMIT LEGIBLE COPIES ON SINGLE SIDED PAPER.**

I/we have;

_____ Received the program information and have reviewed the Agreement to Mediation & Confidentiality and understand that I/We will be expected to sign this document prior to the scheduling of the mediation conference;

_____ Completed the Requesting Party Authorization & Check-off List;
(form 1RQP)

_____ Completed the Requesting & Responding Party Contact Information;
(forms 2RQP-A & 2 RQP-B) **NOTE: OM Services will not be responsible for ascertaining the contact information for the Responding Parties. Furthermore, incorrect information provided that will necessitate the redelivery of certified mail to the Responding Parties will result in a \$75 service charge that must be paid to reinitiate the process - NO EXCEPTIONS.**

_____ Completed the Requesting Party Dispute Information;
(form 3RQP) **NOTE: VERIFICATION OF CONTRACT - INCLUDE A FULL COPY OF SALES AGREEMENT**

_____ Completed the Requesting Party Mediation Scheduling & Contact Information;
(form 4RQP) **NOTE: Name/List the appropriate person for scheduling. If you are enlisting legal counsel for mediation, you must identify who that attorney is and provide their phone & email address.**

_____ Completed the Requesting Party Payment & Fee Information;
(form 5RQP) **NOTE: INCLUDE PAYMENT OR CREDIT CARD INFORMATION - NO PROCESSING WILL BE COMPLETED WITHOUT PAYMENT.**

_____ The authority to enter into and sign a binding written agreement to resolve this dispute;

_____ Understand that submitting this dispute for mediation does not waive any legal rights to pursue other remedies (such as arbitration or litigation) should this matter not be resolved through mediation;

_____ Agree to abide by the "Mediation Rules & Guidelines" adopted by OM Services & the Maryland REALTORS® Mediation Program for purposes of convening and commencing the mediation conference. **NOTE: SEE PROGRAM RULES LISTED IN PAMPHLET**

Name (Please Print)

Signature

Name (Please Print)

Signature

Date

OM Services 2020-21©

MAIL OR FAX FORMS TO:
OM Services / Program Administrator
Maryland Association Of REALTORS® Mediation Program
USPS Mail, please send to: P.O. Box 686, Elkton, MD 21922-0686
FedEx & UPS, please send to: 147 East Main Street, Elkton, MD 21921
1-888-412-6740 toll free voice • 1-888-412-6740 e-fax
EMAIL FORMS (BY PDF ONLY) mdrealtors@mediate.com

1 RQP

REQUESTING PARTY - CONTACT INFORMATION

Incomplete information will delay the processing of your request.

NAME & ADDRESS OF REQUESTING PARTY(IES) (RQP)

If additional parties, attach separate page.

NOTE: Listed party names must appear on contract of sale.

Name(s): _____

Address: _____

Phone(s): _____ (home) _____ (work)

_____ (cell) _____ (email)

If you are represented by legal counsel, complete the following section.

LEGAL COUNSEL (RQPREP)

Name: _____

Firm: _____

Address: _____

Phone(s): _____ (office) _____ (fax)

_____ (cell) _____ (email)

Would you like your agent/real estate brokerage to be notified about your request for mediation?

_____ Yes _____ No

If "YES", please complete the following section.

REALTOR® / REAL ESTATE BROKERAGE (RQP-REALTOR)

Name: _____

Brokerage: _____

Address: _____

Phone(s): _____ (office) _____ (fax)

_____ (cell) _____ (email)

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2RQP-A

Requesting Parties must complete this section in order for OM Services to contact the Responding Party(ies).

OM Services will not be responsible in locating the forwarding addresses for the parties that will need to respond to your request.

NAME & ADDRESS OF RESPONDING PARTY(IES)

(RSP)

If additional parties, attach separate page.

NOTE: Listed party names must appear on contract of sale.

Name(s): _____

Address: _____

Phone(s): _____ (home) _____ (work)

_____ (cell) _____ (email)

If Responding Party is represented by legal counsel, complete the following section if such information is available to you.

LEGAL COUNSEL

(RSPREP)

Name: _____

Firm: _____

Address: _____

Phone(s): _____ (office) _____ (fax)

_____ (cell) _____ (email)

Would you like the Responding Party's agent/real estate brokerage to be notified about your request for mediation?

_____ Yes _____ No

If "YES", please complete the following section.

REALTOR® / REAL ESTATE BROKERAGE

(RSP-REALTOR)

Name: _____

Brokerage: _____

Address: _____

Phone(s): _____ (office) _____ (fax)

_____ (cell) _____ (email)

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DISPUTE INFORMATION

(this information will be provided to the RESPONDING PARTY)

REQUESTING PARTY NAME(S) _____
(please print)

RESPONDING PARTY NAME(S) _____
(please print)

ADDRESS OF PROPERTY: _____
(as listed on contract) _____

NATURE OF DISPUTE: (check which description best identifies your claim)

Specific Performance: Purchase or sale of property between the parties has not been completed (closing has not occurred) whereby the Requesting Party wishes to pursue said purchase or sale with the other party.
Has there been any formal court pleadings filed in this matter? _____ Yes _____ No

If yes, what is the status? _____
Name of County / Court Case Number

Escrow Deposit : \$ _____ *(amount must be listed)*
Has the property gone to closing or settlement? _____ Yes _____ No

Name and contact information (PHONE & EMAIL ADDRESS) of real estate brokerage or entity that is holding the escrow deposit:

 Property Condition: Undisclosed defects or non-performance of repairs made by seller.
(Briefly describe condition or problem) _____

List amount of claim or estimated damages: \$ _____

Other *(provide brief description)*: _____

**FOR VERIFICATION OF CONTRACTUAL AGREEMENT
PLEASE INCLUDE A COPY OF YOUR CONTRACT OF SALE**
Processing will be delayed unless this information is submitted

**ADDITIONAL INFORMATION YOU WISH TO PROVIDE IN SUPPORT OF YOUR CLAIM,
SHOULD BE HELD BY YOU UNTIL THE MEDIATION CONFERENCE.**

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3RQP

**AS A MATTER OF INTEREST AND IMPORTANCE
MEDIATIONS WILL BE CONDUCTED THROUGH VIDEO TELECONFERENCING.**

After we receive the Response to the Mediation Request, we will contacting you regarding the next steps in the process and about scheduling your mediation.

REQUESTING PARTY - MEDIATION SCHEDULING & CONTACT INFORMATION

CONTACT INFORMATION - Please provide a daytime phone number and email address of the person who will be responsible for coordinating the scheduling for your mediation conference. Parties who are represented by an attorney should list the Attorney's Name, Telephone Number & Email Address here.

NAME OF PARTY OR ATTORNEY RESPONSIBLE FOR SCHEDULING/ DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

Check here if you have a disability which requires special services. Please attach a written description of such special services.

ATTORNEY-CLIENT SCHEDULING: Unless otherwise specified, scheduling for parties who are represented by legal counsel will be handled directly with the attorney's office. OM Services will contact the attorney's office to arrange for a mediation conference date and time. It will be the responsibility of both the parties and their counsel to coordinate their respective schedules to coincide with the mediation conference date and time.

ATTENDANCE: (PARTY) Attendance at the mediation conference is limited to the named parties and/or their attorney. All named parties to the contract must be in attendance at the mediation conference and must have the **proper authority*** to enter into and execute a binding written Memorandum of Understanding setting forth the terms and conditions of their understanding in the event an acceptable resolution is reached. ***Proper authority** includes parties who would be represented by another person and have granted that person the legal right to represent them in this matter. Parties electing to be represented by another must submit a written Power of Attorney to OM Services prior to the convening of the mediation conference. Such representative, unless an attorney authorized to practice law, must avoid engaging in the unauthorized practice of law.

ATTENDANCE: (AGENT) Real estate agents are not parties to the contract. You may invite your agent to attend the mediation conference although the agent is under no obligation to attend. If you elect to invite your agent to attend the mediation conference, you must submit complete contact information to OM Services via the Requesting / Responding Party forms prior to the scheduling of the mediation conference. Agents who agree to attend the mediation conference must also adhere to the program's policies and rules regarding confidentiality and will be expected to sign the Agreement to Mediation & Confidentiality along with all parties to the mediation. Scheduling of the mediation conference will not be predicated upon the availability of the agent to attend the conference.

ATTENDANCE: (OTHER PERSONS) Because mediation is not an evidentiary hearing or a judicatory process, attendance at the mediation conference is limited to the named parties and/or their attorney. All other persons attending the mediation conference must be registered with OM Services **before** the scheduling of the mediation conference or they will not be allowed to participate. Parties wishing to include persons other than agents to attend the mediation conference are responsible for notifying those persons regarding the scheduled conference date, time and location. Scheduling of the mediation conference will not be predicated upon the availability of the other persons to attend the mediation conference.

ATTENDANCE: (OBSERVER OR TECHNICAL ADVISOR) OM Services reserves the right to have an Observer/Technical Advisor present at the mediation conference as a means to review Mediator skills and evaluate performance. Observers/Technical Advisors would not participate in the process but will be expected to sign the "Agreement to Mediation & Confidentiality". Parties will be notified prior to the mediation conference if an Observer/Technical Advisor will be in attendance.

NO POSTPONEMENT OR CANCELLATION of a mediation conference without PENALTIES being applied to the party who requests to postpone or cancel the mediation conference. The only exception(s) to the POSTPONEMENT & RESCHEDULING of a mediation conference will be a medical emergency or a court-ordered appearance; both requiring documentation be provided to OMS as to the cause. If credible documentation is provided, OMS will seek to find the next available date open with the Mediator and/or facility to reschedule the mediation conference. OMS will notify the parties of the rescheduled date & time for the mediation.

Parties that POSTPONE a mediation conference *without the required documentation* will be charged a \$150 RESCHEDULING FEE(S) for administrative recovery and a \$250* mediator retention fee. No mediation conferences will be rescheduled without these fees being paid prior to the rescheduling of the mediation conference.

Prior to the confirmed mediation conference date, any party that CANCELS the mediation after it has been confirmed as scheduled, the following will apply:

- a. Cancellation fee of \$250 for mediator retention charged to the cancelling party;
- b. A closing statement will be furnished to all concerned to document the circumstances and to identify the party that canceled the mediation.
- c. Similarly, if the mediation does not get rescheduled, OMS will close the case file and document the circumstances as to why the case was closed and then it will be up to the parties to further the matter through the courts.

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REQUESTING PARTY - FEE & PAYMENT INFORMATION

ADMINISTRATIVE / CONVENING

An **NON-REFUNDABLE** Administrative Fee of **\$200** will be charged to **EACH PARTY** to administer the mediation process. This fee covers the preparation, reproduction and distribution of all necessary documents to all required parties and their attorneys (if applicable). Communication(s) include telephone, certified mail delivery notification, courtesy reply mail & emails, in addition to the selection of the assigned mediator.

REQUESTING PARTY NAME(S) _____
(please print)

Administrative Fee: **\$200 NON-REFUNDABLE**

NOTE: IF YOU ARE PAYING BY CHECK, MONEY ORDER OR CASHIER CHECK, PLEASE MAKE PAYABLE TO: OM SERVICES

Enclosed is my: Check Money Order/ Cashier Check

CREDIT CARD PAYMENT:

I authorize OM Services to charge \$200 to my:

VISA MasterCard

Account # _____ Exp. Date _____

Name on card (print): _____

Name: _____
Signature *Date*

MEDIATOR FEES

- **MEDIATOR FEES ARE SEPARATE AND ARE TO BE PAID TO THE MEDIATOR PRIOR TO THE COMMENCEMENT OF THE MEDIATION CONFERENCE. YOU WILL RECEIVE AN INVOICE FROM THE ASSIGNED MEDIATOR.**
- **MEDIATOR FEES ARE \$250 PER HOUR WITH A 2-HOUR MINIMUM.**
- **IF THE MEDIATION EXCEEDS TWO HOURS, THE PARTIES SHALL PAY THE MEDIATOR FOR EACH HOUR, OR 15 MINUTE INCREMENTS THEREOF, IN EXCESS OF THE SCHEDULED TWO HOURS.**
- **EACH PARTY IS RESPONSIBLE FOR THEIR OWN MEDIATOR FEE PAYMENT OF \$250.**

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