

REQUEST FOR MEDIATION
FORM MI

File No. _____
To be filled by HAC

Details of the Parties

No. of Parties

Name of the submitting Party/Parties

Address

Telephone/Mobile

E-mail

Name of Legal Representative, if any

Name of the Opposite Party/Parties

Address

Telephone/Mobile

E-mail

Name of the Legal Representative, if any

Details of the Dispute

Nature of Dispute
(Commercial/ Family)

Description of Commercial
Dispute
(Domestic/International)

Quantum of Dispute

Brief Details of the Dispute*

Mediation

Agreement to
Mediate**

- There is a Mediation Clause in Contract
- There is an agreement to mediate in writing
- Parties have agreed to mediate but not in writing
- Parties have not agreed to mediate

Details of Mediation Clause

- Mediation Clause
- Med-Arb
- Arb-Med-Arb
- Other

(Details, if other is selected)

Whether mediation agreement has reference to HAC Yes
 No

Number of Mediators 1
 2
 3

Selection of Mediator, in case of Commercial Mediation Senior Commercial Mediator
 Commercial Mediator

In case of sole Mediator, whether Parties have agreed on the name of Mediator Yes
 No

Name & address of the Mediator (As agreed by the parties, or otherwise party may propose a name)

In case of two or more Mediators, name & address of the Mediator, as nominated by the Party

Any time-limit fixed for Mediation Yes
 No

(Further Details)

Language of Mediation, as agreed between the parties

If not so agreed, party may propose the language of Mediation

Whether any judicial or other proceedings are initiated or pending

- Yes
 No

Details of the Proceedings*

Additional Information, if any*

I (We), the undersigned request HAC to mediate my (our) dispute through the Mediator(s) appointed in accordance with the HAC Rules. By Submitting this Form, I (We) hereby, agreed to abide by the HAC Mediation Rules and HAC Mediation Fee Schedule.

Date: _____

Signature of the Submitting Party

* Use additional sheet, if required.

** Provide a copy of agreement, if available