



Resolute Mediation & Arbitration, Inc. (RM&A Inc.)
Form MED1509
DEMAND FOR MEDIATION

To establishment proceedings, please send a copy of this demand and the mediation agreement, with the appropriate administrative fee, to RM&A Inc. Send the original demand to the respondent(s).

Date: _____

Name of Claimant- Party making the claim: _____

Address: _____

City and State: _____ Zip Code: _____

Telephone: _____ Fax: _____ email: _____

Name of Representative _____

Name of Firm (if applicable): _____

Representative's Address: _____

City and State: _____ Zip Code: _____

Telephone _____ Fax: _____ email: _____

Name Respondent- Party on whom the Demand is made: _____

Address: _____

City and State: _____ Zip Code: _____

Telephone: _____ Fax: _____ email: _____

Name of Representative: _____

Name of Firm (if applicable): _____

Representative's Address: _____

City and State: _____ Zip Code: _____

Telephone: _____ Fax: _____ email: _____

The named Claimant, a party to a mediation agreement contained in a written contract dated _____, providing for mediation hereby demands mediation or invokes the dispute resolution clause thereunder. Mediator(s) can be selected from RM&A's panel or provide proposed name(s) of your preference to the administrator with your response.

STATEMENT OF CLAIM(S): _____

RELIEF SOUGHT (including the proposed award if applicable): _____

GROUND(S) FOR RELIEF: _____

(* attached additional documents if needed)

Conference locale requested _____ (City and State) _____

Type of service: Onsite web/teleconference

The Party or Parties on whom the Demand is made are hereby notified that copies of our mediation agreement and this demand are being filed with Resolute Mediation & Arbitration Inc', office at 121 South Orange Ave, Ste 1500; Orlando, Florida 32801 with a request that it commence administration of the mediation conference. Under the rules, you may file an answering statement within ten days after notice from the administrator.

Claimant's Signature: _____ Title _____ Date: _____
(May Be Signed by a Representative)