

**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.

I/we have;

- _____ Received the program guidebook and have reviewed the Agreement to Mediation & Confidentiality and understand that I/We will be expected to sign this document at the beginning 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)
- _____ Completed the Requesting Party Dispute Information; (form 3RQP) **NOTE: Attach the first page & the last (signatory) page of your contract of sale**
- _____ Completed the Requesting Party Mediation Scheduling & Contact Information; (form 4RQP)
- _____ Completed the Requesting Party Payment & Fee Information; (form 5RQP) **NOTE: Include payment or credit card information**
- _____ 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 Association of REALTORS® Mediation Program for purposes of convening and commencing the mediation conference.

Name (Please Print)

Signature

Name (Please Print)

Signature

Date

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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

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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2RQP-B

VERIFICATION OF CONTRACTUAL AGREEMENT
(processing will be delayed unless this information is submitted)

ATTACH A COPY OF THE FIRST PAGE & THE LAST (SIGNATORY) PAGE OF YOUR CONTRACT OF SALE TO THIS STATEMENT IN ORDER FOR OM SERVICES TO VERIFY PARTY NAMES AND PROPERTY ADDRESS INFORMATION.

DISPUTE INFORMATION
(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 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): _____

**ADDITIONAL INFORMATION YOU MAY WISH TO PROVIDE TO SUPPORT YOUR CLAIM,
(SUCH AS ENTIRE COPIES OF THE CONTRACT OF SALE AND ADDENDA)
SHOULD BE HELD BY YOU UNTIL THE MEDIATION CONFERENCE.**

REQUESTING PARTY - MEDIATION SCHEDULING & CONTACT INFORMATION

It is OM Services' custom and practice to schedule mediations no less than 14 days - nor more than 60 days from initial request.

CONTACT INFORMATION - Please provide a daytime phone number along with the name 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 and telephone number here.

NAME OF PARTY OR ATTORNEY (PLEASE PRINT) DAYTIME TELEPHONE NUMBER

Signature

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

LOCATION / FACILITY: Mediation conferences will be held at facilities located within, or in close proximity to the county in which the dispute occurred, unless otherwise determined by OM Services. In order for OM Services to determine the appropriate facility location to hold the mediation conference, please provide the following:

Address of Property in Dispute: _____

County: _____ Town: _____

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. **BECAUSE OF CONFIDENTIALITY RESTRICTIONS, WE DO NOT PERMIT CONFERENCE CALL MEDIATIONS.**

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) OM Services reserves the right to have an Observer present at the mediation conference as a means to review Mediator skills and evaluate performance. Observers 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 will be in attendance.

INCLEMENT WEATHER POLICY: All Mediation Conferences will be held subject to permissible weather conditions. Determination regarding the postponement or cancellation of the mediation conference is based upon statewide or county public school closings from the month of September through the month of June. All parties are instructed to check the information provided by the county public school system where the mediation conference is scheduled to be held on the day of your scheduled mediation conference should there be any question as to whether the facility will be open during that time.

CANCELLATION POLICY: Parties must notify OM Services within 72 hours of the scheduled mediation conference of any cancellations or postponements to avoid a reprocessing or rescheduling fee. **Parties who cancel or postpone in less than 72 hours will be charged a \$100 reprocessing fee and a \$150 fee for reserving and rescheduling of the Mediator.** It is necessary to charge for scheduled dates reserved since these dates are no longer available for other cases. The Mediator may initiate a schedule change due to extraordinary circumstances without fees due anyone. Under limited circumstances, such as a death in immediate family, or emergency conditions due to inclement weather, a party may seek a waiver or reduction of the cancellation fee. Attorneys having to cancel due to being scheduled in court or discovery on another unrelated matter is NOT a basis to seek waiver or reduction of the cancellation fee.

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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 convene the mediation process. This fee covers the preparation, reproduction and distribution of all necessary documents to all required parties and their attorneys (if applicable), certified & priority mail delivery notification, courtesy reply mail, coordination and scheduling of the mediation conference in addition to the selection of facility and 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

- ARE SEPARATE AND ARE TO BE PAID TO THE MEDIATOR DIRECTLY AT THE CONCLUSION OF THE MEDIATION CONFERENCE.
- PAYMENT TO THE MEDIATOR CAN BE MADE BY CHECK OR MONEY ORDER. NO CREDIT CARD PAYMENTS ACCEPTED.
- MEDIATOR FEES ARE \$200 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.
- PARTIES WILL BE INVOICED PRIOR TO THE SCHEDULED MEDIATION CONFERENCE THE HOURLY RATE OF THE ASSIGNED MEDIATOR AND WILL BE INSTRUCTED TO PAY THE MEDIATOR DIRECTLY AT THE CONCLUSION OF THE MEDIATION CONFERENCE.
- MEDIATOR FEES ARE SHARED BY THE PARTIES UNLESS OTHERWISE AGREED UPON.

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