**Mediation Request Form**

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| **CONTACT DETAILS OF THE REQUESTING PARTY** |
| Name of Individual or Authorized Representative |
| Name of Company or Organization (if any) |
| Contact Number(s) |
| Mailing Address |
| Email Address |

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| **CONTACT DETAILS OF THE REQUESTING PARTY’S COUNSEL** |
| Name of Counsel-in-Charge |
| Name of Law Firm (if any) |
| Contact Number(s) |
| Mailing Address |
| Email Address |

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| **CONTACT DETAILS OF THE RESPONDING PARTY** |
| Name of Individual or Authorized Representative |
| Name of Company or Organization (if any) |
| Contact Number(s) |
| Mailing Address |
| Email Address |

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| **CONTACT DETAILS OF THE RESPONDING PARTY’S COUNSEL** | | |
| Name of Counsel-in-Charge | | |
| Name of Law Firm (if any) | | |
| Contact Number(s) | | |
| Mailing Address | | |
| Email Address | | |
| **Relief Requested** | | |
| ex) Claim Amount | | |
| ex) Counterclaim Amount | | |
| **OTHER LEGAL PROCEEDINGS ON THE SAME SUBJECT MATTER (IF ANY)** | | |
| Court Litigation | Arbitration |
| Others | |
| Date of Commencement | |
| Location | |

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| **NATURE OF DISPUTE** |
| Please identify sector/area of dispute. You may list as many as is relevant |
| Please provide brief details of the dispute here. |

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| **AGREEMENT TO MEDIATE** |
| The parties have agreed to refer their dispute to mediation at KCAB and the evidence of the mediation agreement is attached to this Form.  The parties have agreed to refer their dispute to mediation at KCAB but do not have written evidence of the mediation agreement.  The parties have not agreed to refer their dispute to mediation at KCAB. |

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| **REQUESTED DURATION OF MEDIATION AND AVAILABILITY FOR MEDIATION** |
| Requested Duration of Mediation: \_\_\_\_\_\_\_\_\_\_ Days |
| Preferred Dates of Mediation: |

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| **MEDIATOR** |
| The parties have agreed to jointly nominate a mediator, for confirmation of KCAB.  The parties wish to jointly nominate a mediator but have yet to reach agreement. The parties wish for KCAB to appoint a mediator.  The parties agree that KCAB shall appoint the mediator within days from the date of commencement of the mediation if no joint nomination is made by that time. |

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| **PREFERRED ATTRIBUTES OF MEDIATOR(S), IF ANY** |
| *(e.g. nationality, profession, language, industry, mediation style)* |
| **CONDUCT OF MEDIATION** |
| **Language**  The parties have agreed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the language(s) for mediation.  The parties have not agreed on the language(s) for mediation and \_\_\_\_\_\_\_\_\_\_\_\_\_ is proposed as the language(s) for mediation. |
| **Mode of Mediation**  In-Person Mediation  Online Mediation  Fully Online  Hybrid |
| **Location (for in-person and hybrid mediations)**  The parties have agreed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be the location for mediation.  The parties have not agreed on the location for mediation and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is proposed as the location for mediation |

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| **AGREEMENT AND DECLARATION** | |
| *I**declare that the information provided by me in this form is true to the best of my knowledge.* | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Requestor’s Name and Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |