

CONDOMINIUM DISPUTE RESOLUTION

Request/Agreement For Dispute Resolution

Is this a joint request for services? Yes No
(If yes, both initiator and respondent must sign below. If no, only initiator needs to sign.)

I/we hereby request

binding arbitration non-binding arbitration mediation (**Check one**)

of a dispute which I/we have separately described on the Statement(s) of Dispute submitted with this Request/Agreement for Dispute Resolution.

I/we agree to pay when due all fees charged for this service by Condominium Dispute Resolution (CDR) and any other deposits as may be requested by the Neutral. **All deposits and fees will be paid by check made payable to Condominium Dispute Resolution.** Submitted with this Request/Agreement for Dispute Resolution is a non-refundable administrative fee of \$250 (\$300 non-CAI member) or \$500 (\$600 non-CAI member) for joint request.

I/we agree to fully abide by the Rules of Condominium Dispute Resolution in the course of this matter and to adhere to all instructions of the Neutral.

I/we understand that either party may be represented by counsel in this matter but that I/we must give at least **fourteen (14)** days advance notice to Condominium Dispute Resolution and the other party if I/we so elect to be represented. (If you now know that you will be represented, submit with this Request/Agreement a Notice of Representation form.)

I/we agree that no Neutral, nor Condominium Dispute Resolution (CDR), nor Community Associations Institute (CAI) nor its New England Chapter (CAI-NE), nor any officer, director, member, or employee is to be held liable for civil damages for any statement, action, omission or decision made in the course of any alternative dispute resolution process unless that statement, action, omission or decision is a) grossly negligent and made with malice or b) is in willful disregard of the safety or property of any party to the alternative dispute resolution process.

Signed this _____ day of _____, 20____

INITIATOR

signature

print name

address

city state zip

phone (day) phone (evening)

fax

email

RESPONDENT

(signature of respondent required only if joint request.)

signature

print name

address

city state zip

phone (day) phone (evening)

fax

email

Matter Number _____

(assigned by CDR Administrator)

CDR Form C


NEW ENGLAND CHAPTER
community
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