**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 |