

**FOR ASSOCIATION USE ONLY**

M# \_\_\_\_\_

Date: \_\_\_\_\_

# CONSENT TO MEDIATION

The undersigned party to an agreement, if any contained in a written contract, dated \_\_\_\_\_ providing for mediation, hereby consent to mediation under said agreement. (Attach a copy of the Mediation Rules and Confidentiality Agreement).

**Please describe the nature of your dispute:**

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**Claim or Relief Sought (Amount if any):** \_\_\_\_\_

It is understood and agreed that the mediation will be held at the Administrative Office of the South Bay Association of REALTORS®, located at the address below, pursuant to the mediation rules of the Association. A signed copy of **the Consent to Mediation and the Mediation Rules and Confidentiality Agreement** is necessary to schedule your mediation.

**Requesting Party's Contact Information:**

Name of Requesting Party: \_\_\_\_\_

Address of Requesting Party: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Representative of Requesting Party (Requesting Party's Attorney or REALTOR®):**

Name of Representative: \_\_\_\_\_

Representative's Company: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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**Signature of Requesting Party**

**Date**

**Other Party's Contact Information (Please include as much information as possible):**

Name(s) of Other Party(s): \_\_\_\_\_

Address of Other Party(s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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**Signature of Other Party**

**Date**