

Bud Communications LLC

ADR Intake Form

This form must be completed in its entirety and signed by either party. You can fax the completed form directly to Bud Communications LLC at 360-782-9575*51.

Party One Information

Party Two Information

Name of Party <input style="width: 95%; height: 20px;" type="text"/>	v	Name of Party <input style="width: 95%; height: 20px;" type="text"/>
Check box if party is a natural person <input type="checkbox"/>		Check box if party is a natural person <input type="checkbox"/>
If a business or government, please provide a point of contact (POC) <input style="width: 95%; height: 20px;" type="text"/>		If a business or government, please provide a point of contact (POC) <input style="width: 95%; height: 20px;" type="text"/>
Telephone Number <input style="width: 95%; height: 20px;" type="text"/>		Telephone Number <input style="width: 95%; height: 20px;" type="text"/>
Email Address <input style="width: 95%; height: 20px;" type="text"/>		Email Address <input style="width: 95%; height: 20px;" type="text"/>
Billing Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>		Billing Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
POC will be Rep at ADR (check box) <input type="checkbox"/>		POC will be Rep at ADR (check box) <input type="checkbox"/>
Party or POC has full settlement authority at ADR <input type="checkbox"/>		Party or POC has full settlement authority at ADR <input type="checkbox"/>
<u>ADR Information</u>		
Type of ADR (check one) Mediation <input checked="" type="checkbox"/>		Issue for ADR (check one) Employee Relations <input type="checkbox"/>
Sexual Harassment/sexual assault involved (if yes, check box) <input type="checkbox"/>		EEO Federal Sector <input type="checkbox"/>
Insurance company involved? (if yes, check box) <input type="checkbox"/>		Small Claims <input type="checkbox"/>
Insurance company involved? (if yes, check box) <input type="checkbox"/>		Internal Dispute <input type="checkbox"/>
Insurance company involved? (if yes, check box) <input type="checkbox"/>		Consumer complaint <input type="checkbox"/>
Insurance company involved? (if yes, check box) <input type="checkbox"/>		Are there any protective orders from any court? <input type="checkbox"/>

Bud Communications LLC

ADR Intake Form

Name of Person completing this form

Relationship: Party One___ Representative/POC for Party One___
Party Two___ Representative/POC for Party Two___

Please select three possible dates for the mediation

Proposed Dates	Choose 3	Start Time
First Choice		
Second Choice		
Third Choice		

PLEASE READ CAREFULLY

By signing this form, I understand that I have only requested the services of Ivan E Weich and/or Bud Communications LLC. This is not a contract for service or a formal agreement to mediate. I understand that both parties must agree to mediation. I further understand that Ivan E Weich is NOT an attorney or judge.

I understand that Ivan E Weich reserves the right to decline any case when he has determined that there is a conflict of interest. Furthermore, Ivan E Weich will not mediate any case involving professional malpractice.

I further understand that Ivan E Weich is not authorized to provide legal advice or opinion on any case presented to him for mediation. I understand that the parties are instructed to consult their own attorneys prior to engaging in mediation.

I understand that payment is expected just prior to services being rendered. I further understand that Ivan E Weich does not pro rate mediation fees.

Signed: _____ Date: _____