

Bud Communications LLC

Request for Mediation

This form must be completed by either party and faxed to 1-844-420-2274

Party One Information

Name

Check here if the party is
a Natural Person

If business or government,
please list point of contact

Telephone Number

Billing Address

Email Address

POC will participate at ADR
(check the box at right)

POC has full settlement
Authority (check box)

Type of ADR

Mediation

Sexual Harassment/Sexual
Assault involved (check box)

Insurance Company
involved (check here)

Party Two Information

Name

Check here if the party is
a Natural Person

If business or government,
please list point of contact

Telephone Number

Billing Address

Email Address

POC will participate at ADR
(check the box at right)

POC has full settlement
Authority (check box)

Issue for ADR

Employee Relations

Federal Sector EEO

Small Claims

Internal organization dispute

Consumer complaint

Protective orders involved
(if yes, check box at right)

Bud Communications LLC

Request for Mediation

Name vs Name

Proposed dates for ADR

First Option	
Second Option	
Third Option	

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.

Signature _____ Date _____