



**Request for Mediator Appointment by CPR
via Streamlined Procedure**

Claimant (party Requesting mediation)		
Name of Claimant:		
Address:		
City:	State/Province:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if known):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province:	Zip Code:
Phone No.:		
Email Address:		
Please provide any additional parties/persons:		
Respondent (party on whom Request for mediation is made)		
Name of Respondent:		
Address:		
City:	State/Province:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if known):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province:	Zip Code:
Phone No.:	Fax No.:	
Email Address:		

*Please visit our website at <https://www.cpradr.org/resource-center/rules/mediation/cpr-meditation-procedure>
to view the CPR Mediation Procedure.
For questions, please contact us at +1 212.949.6490.*



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Please provide any additional parties/persons involved in this dispute:

Text of the mediation clause or separate mediation agreement involved, if any (you may attach additional pages if necessary):

The Claimant and Respondent hereby request mediation of the below dispute in accordance with the International Institute for Conflict Prevention and Resolution Mediation Procedure and the [Streamlined Mediator Selection Procedure](#).

Statement of the general nature of the claimant's claim or issues to be addressed in mediation (you may attach additional pages if necessary):



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Conflicts

So that we can make sure that a mediator has no relationship with anyone involved in this business transaction, please list below any other people or companies that have been involved in this transaction who are not the parties or their counsel.

TIMING

Please check one:

The Mediation Parties have agreed to conduct the mediation via videoconference on: (Specify date or timeframe when the parties are available)

The parties wish an in person mediation during the time period _____ to _____

Place where the mediation is to take place: City/State/Country:

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Mediator(s)		
Unless the parties agree otherwise, the mediator shall be selected from the CPR Panels of Neutrals. If the parties have agreed on a mediator, please specify below the mediator you would like to appoint. For a list of suggested mediators, please visit our website at https://www.cpradr.org/neutrals and select "Find a Neutral."		
Name:		
Address:		
City:	State/Province:	Zip Code:
Phone No.:	Fax No.:	
Email Address:		
Claimant signature (may be signed by a representative):	Respondent signature (may be signed by a representative):	
Date:	Date:	

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