



NAM (National Arbitration and Mediation)
Employment Rules and Procedures
990 Stewart Avenue, First Floor
Garden City, NY 11530
Telephone: 1-800-358-2550
Fax: 516-794-8971
www.namadr.com

NAM EMPLOYMENT RULES AND PROCEDURES REQUEST FOR MEDIATION/MEDIATION NOTICE

CLAIMANT INFORMATION

Name(s): _____
*Contact Person or Counsel: _____
Address: _____

Phone: _____
Fax: _____
Email Address: _____
File/Claim Number: _____

RESPONDENT INFORMATION

Name(s): _____
*Contact Person or Counsel: _____
Address: _____

Phone: _____
Email Address: _____
*Fax: _____
*File/Claim Number: _____

*if applicable

RESPONDENT(S): Please take notice that, pursuant to NAM's Employment Rules and Procedures which provides for mediation of disputes arising there under, the Claimant identified above **hereby requests mediation of a claim with you.** You have thirty (30) days to serve the Claimant and NAM with a Reply to this Request for Mediation/Mediation Notice by messenger service, overnight delivery service by a nationally recognized courier company or by certified mail.

CLAIMANT SECTION: EXPLANATION OF REQUEST

The Claimant is claiming the following relief, which may include the following:

| | |
|--------------------|-------|
| Principal balance | _____ |
| Interest accrued | _____ |
| Legal expenses | _____ |
| Cost of mediation* | _____ |
| Other (specify) | _____ |
| | _____ |
| Total | _____ |

*The cost of the mediation is fully described in NAM's Fees and Costs for Arbitrations and Mediations Governed by NAM's Employment Rules and Procedures ("NAM's Fee Schedule"). For a full description of all fees in various circumstances, please refer to NAM's Fee Schedule.

A description of the nature of the dispute and the injuries alleged follows (The Claimant should provide a detailed description herein and attach any evidence hereto):

Counsel or a party's representative accepts responsibility for payment of all fees billed to the Claimant by NAM pertaining to this matter regardless of the outcome of this case. In the event that the party represents him/herself, then the party accepts responsibility for payment of all fees billed to him/her by NAM pertaining to this matter regardless of the outcome of this case. I also understand the following: (a) neither NAM, nor its Officers, Directors, employees, representatives, Arbitrators or Mediators shall be liable for any act or omission in connection with any arbitration or mediation conducted under these Rules or any other rules of procedure mutually agreed upon by the parties; (b) neither NAM, nor its Officers, Directors, employees, representatives, Arbitrators or Mediators is a necessary party in any further alternative dispute resolution or judicial proceeding and may not be called to testify at any subsequent proceeding and (c) the parties agree not to make any claims against NAM for damage, loss or injury and hereby waive any cause of action or other remedy against NAM, its employees, arbitrators/mediators, agents, etc.

CLAIMANT by: (signature)

Name: _____

Title: _____

Date ____/____/____

The parties are hereby notified that the Claimant has filed copies of the Arbitration/Mediation Agreement (if applicable) and this Request for Mediation/Mediation Notice at NAM's headquarters.

Either party may contact the NAM Administrator indicated below of the Employment Resolution Rules and Procedures in writing at NAM, Employment Resolution Rules and Procedures, 990 Stewart Avenue, First Floor, Garden City, New York 11530 or by telephone with questions regarding the Arbitration process or NAM's Employment Rules and Procedures and Fee Schedule or to request a copy thereof.

Contact the NAM Administrator, _____ at

1-800-358-2550 ext. _____.