

**Monroe County Bar Association**  
**Alternative Dispute Resolution Program**  
**Request for Mediation or Arbitration**

1. Party submitting request for mediation or arbitration (circle one).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number and Email: \_\_\_\_\_

(        ) Plaintiff                      (        ) Defendant                      Other \_\_\_\_\_

If you are being defended pursuant to an insurance contract, state the name of the insurance company:

\_\_\_\_\_

Name of legal counsel or insurance adjustor: \_\_\_\_\_

Firm name of legal counsel or office of adjustor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number and Email: \_\_\_\_\_

2. Other Parties

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number and Email: \_\_\_\_\_

(        ) Plaintiff                      (        ) Defendant                      Other \_\_\_\_\_

If you are being defended pursuant to an insurance contract, state the name of the insurance company:

\_\_\_\_\_

Name of legal counsel or insurance adjustor: \_\_\_\_\_

Firm name of legal counsel or office of adjustor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number and Email: \_\_\_\_\_

**[To the extent there are more than two parties, please attach a separate sheet of paper setting forth the same information for all parties to the action.]**

3. Brief description of the claim and amount of damages at issue. [If additional space is needed, please attach additional pages as required.]

4. Have any formal Court pleadings been filed in this dispute?

( ) Yes ( ) No

If so, please list all operative pleadings, pending dispositive motions and/or petitions, discovery deadlines, arbitration and/or trial dates, as well as the Court Docket number and Judge assigned.

5. The mediation / arbitration may be concluded by the drafting by the parties of a binding written agreement settling the dispute. Please state below who will be present at the mediation / arbitration with authority to enter into a binding written agreement, and identify that person's capacity and authority.

6. Submitting Party Signature: \_\_\_\_\_

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

**Please forward this form, a fully executed copy of the Mediation or Arbitration Agreement, and the fee of \$ 950.00 made payable to the Monroe County Bar Association, representing the initial fees as outlined in the Program Guide. Be advised no action will be taken until this application, the Mediation or Arbitration Agreement and the fee are received by the Monroe County Bar Association.**

Monroe County Bar Association  
Alternative Dispute Resolution Program  
913 Main Street  
Stroudsburg PA 18360  
Attention: Executive Director

**FOR MCBA USE ONLY**

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

Mediator/Arbitrator: \_\_\_\_\_

Settlement Achieved: [       ] Yes [       ] No