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**Please be sure that you have contacted a mediator from the mediator's list and submitted a full packet to DRS as instructed.**

**SUBMIT ONLY THIS PAGE WITH THE INFORMATION REQUESTED TO:**

**Southwestern Illinois Board of REALTORS®**

**1124 Hartman Lane, Suite 120**

**Shiloh, IL 62221**

**Case Number:** \_\_\_\_\_

**Name of Mediator:** \_\_\_\_\_

**Date Sent to Mediator:** \_\_\_\_\_

**Party Requesting Mediation:** \_\_\_\_\_



REALTOR® is a registered collective membership mark which may be used by real estate professionals who are members of the National Association of REALTORS® and subscribe to its strict Code of Ethics.

**HOME BUYERS/HOME SELLERS DISPUTE RESOLUTION SYSTEM REQUEST TO  
INITIATE MEDIATION – TRANSMITTAL FORM**

(To be completed and mailed to DRS Mediation Provider\* by party requesting mediation)

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

**1. NAMES OF ALL PARTIES TO THE DISPUTE:**

\_\_\_\_\_  
\_\_\_\_\_

**2. PARTY REQUESTING MEDIATION:**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Buyer       Seller       Broker       Builder/Contractor       Other: \_\_\_\_\_

Professional Liability Insurance Company: \_\_\_\_\_

Name and Address of Legal Counsel or Other Representatives:

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

Firm: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

**3. Other Parties**

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

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

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

Buyer       Seller       Broker       Builder/Contractor       Other: \_\_\_\_\_

**4. BRIEF DESCRIPTION OF CLAIM:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“Dispute Resolution System” and the acronym “DRS” are used to identify methods of resolving disputes out of court, including mediation and arbitration.

5. AMOUNT OF MONEY INVOLVED: \$ \_\_\_\_\_

6. Has there been any formal court pleadings filed in the case?  Yes  No

If yes, are there any trial dates or time limitation involved?  Yes  No

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

County: \_\_\_\_\_ Judge: \_\_\_\_\_

Court Case #: \_\_\_\_\_

7. Do you have authority to enter into and sign a binding written agreement to settle this on behalf of the party you represent?  Yes  No

Comment: \_\_\_\_\_

8. Do you need additional information from another attorney?  Yes  No

If yes, what? \_\_\_\_\_

9. Has a prior agreement to mediate been signed by the parties?  Yes  No

If yes, please attach a copy of the signed agreement.

PLEASE MAIL THIS FORM TO THE DRS MEDIATION PROVIDER WHO HAS BEEN SELECTED AND AGREED UPON BY THE PARTIES. IF NO AGREEMENTS EXIST, MAIL TO ANY QUALIFIED DRS MEDIATION PROVIDER IN YOUR AREA.

Insurance Company:

\_\_\_\_\_

Name and Address of Legal Counsel or Other Representatives:

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

Firm: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Buyer  Seller  Broker  Builder/Contractor  Other: \_\_\_\_\_