

**LANCASTER BAR ASSOCIATION
ALTERNATIVE DISPUTE RESOLUTION PROGRAM**

REQUEST FOR ADR

(Important note: IF YOU HAVE INSURANCE THAT MAY COVER YOU FOR THIS DISPUTE, YOU SHOULD NOTIFY YOUR INSURANCE COMPANY BEFORE SUBMITTING THIS REQUEST)

Date: _____

Party submitting request for ADR:

Name: _____

Address: _____

Phone & Fax Number: _____

() Plaintiff () Defendant () Other

Name of your attorney: _____

Firm name: _____

Address: _____

Phone & Fax Number: _____

Other parties:

Name: _____

Address: _____

Phone & Fax Number: _____

() Plaintiff () Defendant () Other

Name of their attorney: _____

Firm name: _____

Address: _____

Phone and Fax Number: _____

[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.]

Request for: Mediation Arbitration

Do all parties agree to use the ADR process: Yes No

Briefly describe the claim and amount of damages at issue.

Has a Lawsuit been filed? Yes No

If so, please set forth any discovery deadlines, arbitration deadlines, and/or trial dates currently pending, as well as the Court docket number and Judge assigned.

Who will be present at ADR with authority to enter into a binding written agreement on your behalf?

Have you agreed on a mediator/arbitrator? Yes No

If "yes", what is the name? _____

(If there is no agreement, the LBA will assign a mediator/arbitrator)

If ADR fees are to be shared other than equally between the parties, describe the arrangement here: _____

Please forward this form along with the initial fee of \$750.00 made payable to the Lancaster Bar Association representing \$150.00 administrative fee to the Bar Association and a \$600.00 initial mediator/arbitrator fee.