



GROUND FLOOR, CHAMBER BUILDING
 COLUMBUS CIRCLE, WESTMOORINGS,
 P.O. BOX 499, PORT OF SPAIN, TRINIDAD AND TOBAGO, W.I.
 PHONE: (868) 632-4051 FAX: (868) 632-4046
 E-MAIL: drc@chamber.org.tt WEBSITE: <http://www.chamber.org.tt>

MEDIATION REQUEST FORM

(Part I)

Please complete Pages 1 & 2 and return to The Dispute Resolution Centre

Submitted By:	
Mediation Between:	and
Date Requested:	

CLAIMANT

Name:		
Address:		
Telephone:	Fax:	Email:
Relationship to Respondent/Defendant:		
Representative/Attorney:		
Law Firm		
Contact Information		

RESPONDENT

Name:		
Address:		
Telephone:	Fax:	Email:
Relationship to Claimant/Plaintiff:		
Representative/Attorney:		
Law Firm:		
Contact Information:		

MEDIATION REQUEST FORM

Part II

Please attach additional sheets as required

BACKGROUND OF DISPUTE:

Please provide a brief description of the case including issues in controversy and case history

CLAIMS & RELIEF SOUGHT:

Please indicate the claims asserted and requested relief (including amount in controversy, if applicable)

CASE INFORMATION:

Has a suit been filed:
Trial Date:
Mediation Deadline Date (if applicable):

SESSION INFORMATION:

Requested Session Dates:
Estimated Session Duration:

Submitted by: _____

Name in Block Letters

Signed by: _____ Date: _____

Please/Sign and affix Company Stamp as required

For DRC Use Only

Date Received:	Approved For Mediation:	Date Approved:	
Comments:			
Proposed Dates For Mediation:			
Date	Time	Location	Catering/Equipment