

(To be completed by SMDRA) Information Mailed/Emailed: _____ CASE NO. _____

**South Metro Denver REALTOR® Association
MEDIATION PROGRAM INTAKE FORM**

(Please type or print legibly - All information (including ALL phone numbers) must be completed or the form cannot be processed. One party must be a member of SMDRA to process the form. Please email to sallie@smdra.com or FAX to 303-797-0109 – ATTN: Sallie)

Party Calling to Initiate Mediation: _____

Property Address: _____

Amount of Dispute: _____

Type of Dispute: _____

Information on Parties:

Buyer(s): Name _____

Mailing Address _____

City/State/Zip _____

Email _____

Phone _____

Buyer's Agent: Name _____

Company Name _____

Mailing Address _____

City/State/Zip _____

Email _____

Phone _____

Seller(s): Name _____

Mailing Address _____

City/State/Zip _____

Email _____

Phone _____

Listing Agent: Name _____

Company Name _____

Mailing Address _____

City/State/Zip _____

Email _____

Phone _____