



Central Mass Mediation & Arbitration

Submission to CMMA Dispute Resolution

Instructions for submission form:

Download and fill out form and send back to info@cmassmediation.com

www.cmassmediation.com

(508) 425-4111

Type of ADR

Mediation

Binding Arbitration

Neutral Case Evaluation (NCE)

Nature of Dispute / Issues to be resolved:

Dollar amount of claim/counterclaim if binding arbitration:

\$

Other relief sought :

Please identify your preferred neutral and a second choice, if any:

1)

2)

Select your preferred 3 dates to hold your ADR proceedings

1)

2)

3)

Estimated time needed for your ADR proceedings:

_____ Hours

Number of hours

_____ Days

Number of Days

Name of party:		Name of party:	
Address (if pro se):		Address (if pro):	
Phone #:		Phone #:	
Email Address:		Email Address:	
Signature (required, if pro se):		Signature (required, if pro se):	
Name of Attorney/representative:		Name of Attorney/representative:	
Date:		Date:	
Name of Firm (If applicable):		Name of Firm (If applicable):	
Address:		Address:	
Phone No. :	Fax No. :	Phone No. :	Fax No. :
Email Address:		Email Address:	

**By signing this Submission, the parties agree that if Binding Arbitration is selected, they agree to abide by the CMMA Rules of Arbitration and any award rendered hereunder. Further, the parties agree that a judgement may be entered in a court of competent jurisdiction of the CMMA Arbitrator's Award.*

***An ADR matter is not confirmed until this Submission is processed, notice is sent by CMMA to the parties, and the required deposit has been received by CMMA.*