

ACI Request for ADR

All sections of this form must be completed. Please use continuation sheets where necessary.

To the Administrator

We hereby request an ADR Process. If the form of ADR requested is known, please tick the appropriate box.

Mediation Early Neutral Evaluation Mini-Trial Other/Don't know

If the requested form of ADR is Mediation, state whether Fixed Fee Mediation is requested (*delete as appropriate*)

Yes / No

Section A Parties to the ADR Process

Party 1:

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Party 2:

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Section B Legal or Other Representation:

(Please give the following details if you are intending to be represented by a Solicitor or any other third party at the hearing)

Party 1:

Name _____

Firm _____

Address _____

Telephone _____

Fax _____

DX _____

E-mail _____

Party 2:

Name _____

Firm _____

Address _____

Telephone _____

Fax _____

DX _____

E-mail _____

If there are more than two parties, please give the same details for each additional party on a separate sheet.

Section C Miscellaneous

State the sum claimed or other relief sought:

Applicant

Other Party

Proposed Neutral

Please attach a copy of any agreement for the method of appointment of the Neutral. Otherwise, indicate the fee range within which it is desired that ACI should make the appointment from the Panel (the fee ranges applicable to each band appear on the ADR Fee Sheet). Alternatively, if the parties have agreed upon a Neutral whom they wish ACI to appoint, state the name of the Neutral.

Tick Appropriate Box to indicate fee range.

Band A

Band B

Band C

Band D

Alternatively state name of proposed Arbitrator(s) _____

Please note that ACI will not appoint the proposed Neutral if the Neutral is unable to proceed with reasonable expedition, without consulting the parties, or if there is a conflict of interest. Where ACI does not appoint the proposed Neutral, the appointment of the Neutral will be made in accordance with the Rules for ADR Processes.

If the hearing is not to be in London, indicate where the parties would like the hearing to take place: _____

The Request for arbitration will not be effective unless the full Initial Fee is enclosed.

Signed by the Applicant:

Signed by the Other Party:

_____ Date _____

_____ Date _____

Signature by the applicant is sufficient to make an effective request. Signature by the other party will indicate that party's willingness to proceed with the ADR Process and consent to the proposed Neutral or chosen fee band, but is not necessary to commence the process. If the other party does not sign the Request form ACI will seek to obtain the agreement of that party to proceed with the ADR Process. ACI will not appoint a Neutral until both parties have agreed to participate in the ADR Process unless the dispute is the subject of a contractual agreement. In that event the Applicant should provide a copy of the agreement. If the other party does not agree to proceed the initial fee will be refunded.

Please return this form to:

The Administrator, ACI, 3 Verulam Buildings, Gray's Inn, London, WC1R 5NT