



Mediation Submission Agreement

Notice to Claimant

1. To initiate mediation, Claimant completes pages 1, 2 of this Submission Agreement. Accurate Contact information for all named Respondents must be supplied by Claimant.
2. Send pages 1-3 of this form, completed Claimant's Fee Agreement and attachments to Colorado Mediators & Arbitrators at the address listed above. Attachments may include a written detailed statement of the dispute, and a copy of the document with a mediation provision.
3. On the same date of filing with Colorado Mediators & Arbitrators, serve all named Respondents pages 1-3 of this form, Respondent's Fee Agreement for Respondent to complete, a complete copy of all attachments supplied to COMA in a manner that can be demonstrated, such as certified mail receipt, e-mail with a return receipt request & confirmation of receipt, or by personal process service.
4. Provide proof of service to Colorado Mediators & Arbitrators once received.
5. Print the Mediation Procedural Rules at <http://coma.com/rules/mediation> to refer to during the tenure of the case.

Claimant #1 Information

Name

Street Address

City ST Zip

Phone # Fax #

E-mail

Claimant #1 agrees to communication and the exchange of documentation via e-mail & other electronic means.

Claimant #2 Information

Name

Street Address

City ST Zip

Phone # Fax #

E-mail

Claimant #2 agrees to communication and the exchange of documentation via e-mail & other electronic means.

Claimant must supply contact information for all named Respondents:

Respondent #1 Information

Name

Street Address

City ST Zip

Phone # Fax #

E-mail

Respondent #2 Information

Name

Street Address

City ST Zip

Phone # Fax #

E-mail



Mediation Submission Agreement

Briefly describe the nature of the dispute (attach full statement, confidential mediation goal statement, and other documents separately).

Is Mediation Mandatory or Voluntary?

Mediation is Mandatory: Submission of the dispute is in accordance with the mediation provision in the following document:

Document:

Mediation is Voluntary: The parties are not bound by contractual agreement, court order, or other mediation provision, but voluntarily submit the dispute to mediation.

Dollar Amount in Dispute \$ Other Disputed Matters:

The claimant hereby agrees to mediate using Colorado Mediators & Arbitrators' appointed Mediator.

The undersigned parties hereby state that they have read CoMA's Mediation Procedures at <http://coma.com/rules/mediation>

The undersigned parties agree that in the event that a hearing or trial is necessary, all discussions and proposed agreements shall be held confidential.

The undersigned parties acknowledge that signed agreements that result from mediation may be filed in any court of competent jurisdiction to affect an order for enforcement.

A \$75 non-refundable initiation fee is due at the time of response. I have included the completed Arbitration Fee Agreement for Claimants as part of my Submission Agreement.

The filing parties sign and acknowledge the above:

Name of Claimant #1

Signature of Claimant #1 Date

Name of Claimant #2

Signature of Claimant #2 Date

INFORMATION FOR ALL PARTIES

Mediation information is available on Colorado Mediators & Arbitrators website:

1. Mediation Fee schedule: <http://coma.com/fees>
2. Mediation Rules of Procedure <http://coma.com/rules/mediation>
3. Credit Card Authorization Form: <http://coma.com/mediation-fee-agreement.pdf>
4. Contact COMA for questions related to filing and procedures at 303-488-3334.



Response to Mediation Filing

Notice to Respondent:

You are hereby notified that the disputed matters between yourself and the Claimant(s) are being filed with Colorado Mediators & Arbitrators, with a request that it commence mediation services. You have 10 days from the date of service to respond. Complete page 3 of this Submission Agreement and deliver one copy to Colorado Mediators & Arbitrators and one copy to the Claimant, along with any written response and attachments. The required initiation fee must be delivered with the response to Colorado Mediators & Arbitrators to be deemed "filed."

Print the Mediation Procedural Rules at <http://coma.com/rules/mediation> to refer to during the tenure of the case.

Filed Timely - within 10 Days of Receipt of Claimant's Submission Agreement

Not Filed within 10 Days of Receipt of Claimant's Submission Agreement

Respondent #1 Current Contact Information

Respondent #2 Current Contact Information

Respondent #1 agrees to communication and the exchange of documentation via e-mail & other electronic means.

Respondent #2 agrees to communication and the exchange of documentation via e-mail & other electronic means.

RESPONSE TO CLAIM

Brief response - attach full response as separate document :

ACKNOWLEDGEMENTS

The named respondent hereby agrees to mediate using Colorado Mediators & Arbitrators' appointed Mediator.

The undersigned parties hereby state that they have read CoMA's Mediation Procedures at <http://coma.com/rules/mediation>

The undersigned parties agree that in the event that a hearing or trial is necessary, all discussions and proposed agreements shall be held confidential.

The undersigned parties acknowledge that signed agreements that result from mediation may be filed in any court of competent jurisdiction to affect an order for enforcement.

A \$75 non-refundable initiation fee is due at the time of response. I have included the completed Mediation Fee Agreement for Respondents as part of my Response.

The parties sign and acknowledge the above:

Name of Respondent #1

Signature of Respondent #1

Date

Name of Respondent #2

Signature of Respondent #2

Date



Mediation Fee Agreement: No Retainers. Pay As You Go. Simple.

Colorado Mediators & Arbitrators™ | COMA requires a valid credit card or debit card to be kept on file to secure dispute resolution fees. Unless payment arrangements are made in advance COMA will charge dispute resolution fees to the credit or debit card on file.

- 1. Initiation Fee:** Each Party is charged a \$75.00 non-refundable initiation fee upon signing the agreement to mediate.
- 2. Hourly Rate:** The mediator's hourly rate is \$200 per hour. The fees for each session are processed upon confirmation of scheduling. Mediation sessions are scheduled in two (2) hour increments, charged as a block of time whether used in part or in whole. Billable time outside of mediation is billed in .25 hourly increments, to include preparation for mediation; negotiating between parties prior to and between mediation sessions; telephone calls with parties or their attorneys; reading and/or preparation of documents; and any other activities requested by the participants. A \$25 facility fee is charged per party per hour when separate mediation rooms are requested. At the end of each mediation session the current balance for the above services owed shall be paid, as well as fees for services anticipated to be performed between mediation sessions. Such amounts shall be paid irrespective of whether or not the mediation reaches a successful conclusion. Cancellations and Rescheduling: A \$75 fee is charged to cancel or reschedule confirmed mediation dates. Cancellations within 10 business days of a confirmed mediation session forfeit the full cost of session.
- 3. Outstanding Balances and Collections:** COMA shall not be required to provide any award, decision or work product produced by a mediator or arbitrator until all charges and fees are paid. Outstanding balances payable to COMA are subject to a compounding monthly interest rate of 2%. Parties agree to pay any fees or costs incurred by COMA to collect any outstanding amounts owed by client. Such fees and costs may include, but shall not be limited to, collection agency commissions, fees or charges; attorney fees and costs; and court costs. A minimum of \$200.00 will be accessed to all accounts that are assigned for collections.

Card Holder's
Comments

Visa / MasterCard #

Discover and American Express not accepted

Expiration Date

Security Code

Name on Card

Billing Address

Billing City ST Zip

Phone # of Card Holder

E-mail

Name of party for whom payment is made

Name of party for whom payment is made

I understand and agree to each of the provisions of this agreement. I authorize charges by COMA for fees related to the above-named party or parties..

Signature of Card Holder _____ Date _____



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Comments

Visa / MasterCard #

Discover and American Express not accepted

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Security Code

Name on Card

Billing Address

Billing City ST Zip

Phone # of Card Holder

E-mail

Name of party for whom payment is made

Name of party for whom payment is made

I understand and agree to each of the provisions of this agreement. I authorize charges by COMA for fees related to the above-named party or parties..

Signature of Card Holder _____ Date _____