



SPECIALIZING IN MEDIATION & ARBITRATION & DISPUTE REVIEW BOARDS

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CONSTRUCTION DISPUTE RESOLUTION SERVICES, LLC

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REQUEST FOR DISPUTE RESOLUTION SERVICES

Revised 12/15/16

As a party to a construction contract between (Claimant) _____
representing _____ Company and
(Respondent) _____ representing
_____ Company, I would like to request the following
dispute resolution services from Construction Dispute Resolution Services, LLC (CDRS):

ALTERNATIVE DISPUTE RESOLUTION OPTIONS

- MEDIATION BINDING MEDIATION CO-MEDIATION MED-ARB ARB-MED IDM
- NON-BINDING ARBITRATION BINDING ARBITRATION ACCELERATED ARBITRATION
- MEDIATED ARBITRATION EXPERT SERVICES SETTLEMENT CONFERENCE
- UMPIRE

Claimant's name(s) _____
 Company name _____
 Address _____
 City _____ State _____ Zip _____
 Home phone _____ Office phone _____ Fax _____
 Cell phone _____ E-mail _____

Respondent's name(s) _____
 Company name _____
 Address _____
 City _____ State _____ Zip _____
 Home phone _____ Office phone _____ Fax _____
 Cell phone _____ E-mail _____

PLEASE SUBMIT AN ADDITIONAL PARTY ADDENDUM IF THERE ARE ADDITIONAL CLAIMANTS OR RESPONDENTS AND/OR TO PROVIDE INFORMATION RELATED TO AN ATTORNEY OR OTHER PERSON WHO IS REPRESENTING EITHER OF THE PARTIES.

- CDRS was specified in the construction contract as the provider of dispute resolution services.
- CDRS was not specified in the construction contract and services are requested per agreement with the respondent.
- CDRS was not specified in the construction contract and services are requested and a certified, return receipt request has been sent to the respondent without their agreement to begin the dispute resolution proceedings requested above.
- CDRS was specified by a Home Warranty or Insurance Company File# _____

Please describe the nature of the controversy and/or the construction deficiencies or disputed issues that are involved in the construction project:

Please describe the remedies and/or solutions to the controversial issues, deficiencies or issues listed above that you feel are fair and equitable to settle the matters described above:

CLAIMANT'S SIGNATURE

DATE

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A COPY OF THIS FORM MUST BE SENT TO THE RESPONDENT BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED AND OBTAINED, OR BY SERVICE AS AUTHORIZED FOR THE COMMENCEMENT OF A CIVIL ACTION AS STIPULATED IN THE LOCAL ARBITRATION STATUTES OR LAWS IN THE JURISDICTION OF RECORD.

PLEASE SEND THIS ORIGINAL FORM, ALONG WITH THE \$350.00 (\$600.00 FOR ARBITRATIONS IN CALIFORNIA AND MARYLAND) NON-REFUNDABLE FILING FEE, TO CDRS AT THE ADDRESS INDICATED ON TOP OF PAGE ONE.