

(To be completed by SMRA) Information Mailed:: \_\_\_\_\_ CASE NO. \_\_\_\_\_

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

(Please 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 mail to 7899 S. Lincoln Ct, Littleton, CO 80122 or FAX to 303-797-0109 – ATTN: Melissa)

Party Calling to Initiate Mediation: \_\_\_\_\_

Property Address: \_\_\_\_\_

Amount of Dispute: \_\_\_\_\_

Type of Dispute: \_\_\_\_\_

**Information on Parties:**

Buyer(s): Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Buyer's Agent: Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Seller(s): Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Listing Agent: Name \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_