**MEDIATION REQUEST FORM**

Thank you for considering Sage Mediation. Please complete all the relevant fields.

Please reach out to [enquiries@sagemediation.sg](mailto:enquiries@sagemediation.sg) if you have any questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact details of Requesting Party** | | | | |
| Name | (If the Party is a corporate entity, please state name of entity and authorized representative.) | | | |
| Contact number |  | Email address | |  |
| **Contact details of the Requesting Party’s Counsel** | | | | |
| Firm Name |  | | | |
| Counsel Name |  | | | |
| Contact number |  | Email address | |  |
| File Ref No. |  | | | |
| **Contact details of the Other Party (First)** | | | | |
| Name | (If the Party is a corporate entity, please state name of entity and authorized representative.) | | | |
| Contact number |  | Email address | |  |
| **Contact details of the Other Party’s Counsel** | | | | |
| Firm Name |  | | | |
| Counsel Name |  | | | |
| Contact number |  | Email address | |  |
| File Ref No. |  | | | |
| **Contact details of the Other Party (Second)** | | | | |
| Name | (If the Party is a corporate entity, please state name of entity and authorized representative.) | | | |
| Contact number |  | Email address | |  |
| **Contact details of the Other Party’s Counsel** | | | | |
| Firm Name |  | | | |
| Counsel Name |  | | | |
| Contact number |  | Email address | |  |
| File Ref No. |  | | | |
| **Conduct of Mediation (Please indicate your choice for either (A) or (B).)** | | | | |
| No. of days of mediation |  | Preferred Dates | |  |
| Language(s) |  | | | |
| Venue | (A) Sage Office | (B) Others | | (Please specify) |
| Special Requirements | *E.g. Dietary preferences, disable friendly facilities, translator services, etc.* | | | |
| **Mediator(s) (Please indicate your choice for either (A) or (B).)** | | | | |
| (A) The parties have agreed to jointly nominate: | | | | |
| Mediator 1: |  | | | |
| Mediator 2: | (Optional) | | | |
| If any of the mediators is not a Sage Full-time Mediator, please specify the agreed fee. | | | (Optional) | |
| (B) The parties wish for Sage to nominate mediators for parties’ consideration | | | | |
| Preferred mediator qualities | *E.g. nationality, profession, language proficiency, industry, mediation style, mediation experience, preferred fee range etc.* | | | |
| **Brief Description of Dispute** | | | | |
| *If the space is insufficient, please send as a separate attachment.* | | | | |
| **Terms & Conditions** | | | | |
| 1. All information provided in this form as well as any attached documents will be regarded by Sage as confidential. All Sage communication in response to this form should also be regarded by its recipients as confidential and should not be disclosed to other parties. 2. Sage officers will reply to you within no more than 24 business hours to confirm receipt of this request. 3. There is no guarantee offered by Sage on the availability of the preferred mediators or the facilities on the dates proposed in the form. Should the named mediators or facilities not be available, Sage will propose alternatives. 4. The Sage Mediation Fee Schedule will apply where Sage Mediation is instructed to nominate and appoint the mediator for parties’ consideration. Where parties have agreed on a specific mediator, please note that the mediator can quote his or her own mediator fees. 5. For cancellations or postponements less than 5 business days before the agreed mediation date, a charge of $2,000 will be payable by the party cancelling or postponing. 6. There is no filing fee required for this form. Any payment details will be provided through the invoices sent by Sage Mediation. | | | | |
| **Agreement and Declaration by Requestor** | | | | |
| I accept the terms and conditions of making this request, and I declare that the information given by me in this form is true to the best of my knowledge. | | | | |
| Signature |  | Name: | |  |
| Date: | | Click or tap to enter a date. |