



CAMS ADR REQUEST AND DEPOSIT AGREEMENT

An Association of Independent Conflict Resolution Professionals

Business Office
10213 Foothill Blvd, 2nd Floor
Rancho Cucamonga, CA 91730
866-484-9992/909-864-5156



www.camsmediation.com
EMAIL: mail@camsmediation.com

REQUEST TO CONVENE CAMS ADR SERVICES

Please complete every field or mark "N/A"
FAX OR EMAIL completed form to the Mediator below:

ADR SERVICE REQUESTED

(Please indicate by checking box)

<input type="checkbox"/>	Standard Mediation: Starting at \$400/hr., Minimum 4 hours <small>Check with selected Panelist</small>
<input type="checkbox"/>	Complex Mediation: 4 or more parties, starting at \$425/hr., Minimum 4 hours
<input type="checkbox"/>	Arbitration; Special Master; Referee: \$425/hr, Minimum depends upon complexity
<input type="checkbox"/>	Family Law: Min \$300/Hr. Discuss with chosen Mediator

Which CAMS Professional are you requesting (for bios, go to www.camsmediation.com)?

<input type="checkbox"/>	Donald Cripe	Civil/Family	doncripe@camsmediation.com ph. (909) 864-5156
<input type="checkbox"/>	Soheila Azizi	Civil/Family	lindacervantes@azizilaw.com ph. (909) 484-9992
<input type="checkbox"/>	Luis Lopez	Family	luis@lopezlegalcenter.com ph. (951) 367-0834
<input type="checkbox"/>	Delilah Knox-Rios	Family-Prob	dkrios@dkriosfamilylaw.com Ph. (909) 598-3747
<input type="checkbox"/>	Charles Schoemaker	Civil	chaslawla@earthlink.net ph. (818) 640-1845 From Palm Springs
<input type="checkbox"/>	Susan Nauss Exon	Civil	susanexon@yahoo.com ph. (951) 323-6280
<input type="checkbox"/>	Mary Madison Campbell	Family	mary@peacefullegal.com ph. (760) 813-6179

PLEASE DIRECT ALL INQUIRIES and PAYMENT DIRECTLY TO YOUR SELECTED CAMS PROFESSIONAL

CASE NAME: _____ CASE # _____ SB RIV _____

Plaintiff(s) Name(s) _____

Plaintiff's Counsel & Firm Name & Address:

Telephone: _____ Fax: _____ Email: _____

Defendant(s) Name(s) _____

CAMS ADR REQUEST AND DEPOSIT AGREEMENT

Defendant's Counsel & Firm Name & Address:

Telephone: _____ Fax: _____ Email: _____

Insurance Carrier: _____ Adjuster: _____

Note: Be sure to provide adequate contact data to accommodate convening your ADR service!

ADDITIONAL PARTY /PARTICIPANT FORMATION: (USE ADDITIONAL SHEET IF NECESSARY)

NATURE OF CASE(i.e., Personal Injury, Contract, Real Estate, etc.)

SHORT CMC STYLE STATEMENT OF FACTS: _____

RELIEF SOUGHT (DAMAGES ALLEGED BY PLAINTIFF):

SPECIAL/COMPENSATORY DAMAGES \$ _____ GENERAL DAMAGES \$ _____

OTHER _____

HAS A DEMAND BEEN ISSUED? If so, how much?: \$ _____ OFFER: \$ _____

ESTIMATED TIME FOR ADR SERVICE: _____ HRS (Minimum time allocation: 4 hours)

ESTIMATED FEE (Minimum 4 hrs x Rate): _____ to be divided equally among the parties or as otherwise agreed.

My \$200.00 nonrefundable reservation fee either accompanies this order or will be tendered before any date can be reserved.

This fee will be credited against the share of mediation fees incurred by the tendering party. In case of cancellation, it is the responsibility of the tendering party to recover any apportionment from the other parties. This reservation is good for 15 days. No date will be confirmed until the full estimated mediation fee is received by the CAMS professional.

By signing below, the parties agree to pay all fees (before session scheduled) execute all documents necessary, fee agreements, confidentiality agreements, etc., to facilitate the mediation/arbitration; to attend with all individuals necessary to authorize a resolution considering the offer and demand stated above and to participate in good faith in the proceedings.

Make checks payable to your selected CAMS Professional

Signed: _____ For: Plaintiff/Defendant Date: _____

Signed: _____ For: Plaintiff/Defendant Date: _____

Signed: _____ For: Plaintiff/Defendant Date: _____

Signed: _____ For: Plaintiff/Defendant Date: _____

Your ADR Service will be scheduled and confirmed when the full minimum fee is received by your mediator. If you have questions, call the CAMS ADR Professional you have selected. **Please DO NOT send payment directly to CAMS!**