

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
3300 West Sahara Avenue, Suite 350 * Las Vegas, NV 89102
(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520
E-mail: ClcOmbudsman@red.nv.gov <http://www.red.nv.gov>

ALTERNATIVE DISPUTE RESOLUTION (ADR) CLAIM FORM

NOTE: Referee and arbitration decisions are public records and will be published on the Division's website. Parties that participated in a referee hearing or arbitration resulting in a decision can request, in writing, to the Division to have their identifying information (name, address, phone number) redacted from the decision that is published.

Date: _____
Signature of Claimant (or attorney)

Claimant*: _____
*If individual, provide full name. If an Association, provide COMPLETE Association name as it appears on Secretary of State's website. (<http://nvsos.gov/sosentitysearch/>)

***Please list only one party; attach Additional Claimant Form (#520A) if there is more than one Claimant.**

If Claimant is represented by an attorney: _____
Please provide the name of the Law Firm and the name of the attorney

Contact Address: _____
Street City State Zip Code

Contact Phone: _____ **Fax:** _____ **E-Mail:** _____

Respondent*: _____
*If individual, provide full name. If an Association, provide COMPLETE Association name as it appears on Secretary of State's website. (<http://nvsos.gov/sosentitysearch/>)

*** Please list only one party; attach Additional Claimant Form (#520B) if there is more than one Respondent**

Contact Address: _____
Street City State Zip Code

Contact Phone: _____ **Fax:** _____ **E-Mail:** _____

PLEASE SELECT YOUR METHOD OF RESOLUTION:

MEDIATION

REFeree PROGRAM*

* Claims involving multiple parties may be excluded from the Referee Program.

** If all parties agree to the Referrer Program, the cost will be fully subsidized by the Division, as long as funds are available..

(Initial) **I have read and agree to the policies stated in the ADR Overview (Form #523).**

Yes No Has the above listed Claimant filed an Intervention Affidavit (form #530) regarding the same or similar issues?

If yes, please provide the file number(s): _____

(Initial) I acknowledge that if an Intervention Affidavit (form #530) has been filed with the Division based upon the same issues, by filing an ADR claim; the Division will not move forward with investigating the Intervention Affidavit pursuant to NAC 116.630.

(Initial if applicable) If the **Referee Program** is selected, and the Respondent chooses Mediation, the claim will default to mediation.

For office use only:

Receipt number: _____ Claim number: _____ Date received: _____

PROVIDE A BRIEF STATEMENT PERTAINING TO THE NATURE OF THE DISPUTE

Address of unit related to this claim: _____

- If this claim is being filed based on a referral from the Intervention process, please file your complaint as a new complaint, and provide the unit address. Do not refer to your original complaint, and all documents will need to be resubmitted.
- “SEE ATTACHMENT” IS NOT ACCEPTABLE. Your explanation must start on this page. You may attach additional pages, if more space is needed.

IDENTIFY THE SECTION OF GOVERNING DOCUMENTS PERTAINING TO DISPUTE:

In order for the claim to be considered filed, the following must be submitted, if applicable.

Please indicate by initial that the following steps have been completed:

Forms:

(Initial)

- One (1) Original Claim Form, # 520
- Two (2) copies of the Claim Form and supporting documents
 - *Supporting documents may be provided directly to the mediator or referee once assigned and need not be provided with this Claim Form. Should you chose to submit your documents; you must supply one (1) original set of two (2) copies.*

Filing Fee of \$50.00 payable to “NRED” in the form of (This fee is nonrefundable):

(Initial)

- Money (exact change; Please do not mail cash)
- Money Order
- Check

I acknowledge that the Subsidy Application will ONLY be accepted, and reviewed, prior to the claim being assigned to a Mediator/Referee.

(Initial)

ADR Subsidy Application for Mediation (Form #668):

(Initial if applicable)

Subsidy is awarded based on:

- * **For a Unit Owner:**
 - *Once during each fiscal year of the State for each unit owned*
- * **For an Association**
 - *Once during each fiscal year of the State against the same unit owner for each unit owned*
 - *In “Good Standing” with Secretary of State & Office of the Ombudsman Office*

Should you be awarded subsidy, the Division will notify you via your opening letter.

I acknowledge that the Claimant will NOT be applying for Subsidy for this claim.

(Initial if applicable)

The following is a listing of the mediators and referees for the Alternative Dispute Resolution program. Before making your selection, resumes of the mediators and referees and their location availability can be viewed on the Division's website at <http://red.nv.gov/Content/CIC/ADR/Panel/>

- If the parties do not agree on the selection of mediator or referee, the Division will assign a mediator/referee at random.
- *This is a requirement, Please indicate the Mediator/Referee by initialing next to the party selected.*

SOUTHERN NEVADA

MEDIATOR LISTING

_____ Angela Dows, Esq.
_____ Barbara Fenster
_____ Christopher McCullough
_____ Dee Newell, JD
_____ Donald E. Lowrey, J.D. LL.M.
_____ Eric Dobberstein, Esq.
_____ Henry Melton
_____ Janet Trost, Esq.
_____ Malcom Doctors

REFEREE LISTING

_____ Angela Dows, Esq.
_____ Donald Lowrey, J.D.
_____ Ira David, Esq.

NORTHERN NEVADA

MEDIATOR LISTING

_____ Paul H. Lamboley, Esq.
_____ Michael Matuska, Esq.

REFEREE LISTING

_____ Paul Lamboley, Esq.

Once the claim has been received and processed by the Division, an opening packet will be mailed out to the address provided on page 1 of this form. This packet will include instructions on the next step in this process.

Submit the required forms and documents to:

**Nevada Real Estate Division
ADR Facilitator
3300 W. Sahara Ave., Ste. 350
Las Vegas, NV 89102**