

**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 325, Las Vegas, Nevada 89102  
(702) 486-4480 / Toll free: (877) 829-9907 / Fax: (702) 486-4520  
E-mail: [CI/Ombudsman@red.nv.gov](mailto:CI/Ombudsman@red.nv.gov) / <http://www.red.nv.gov>

**ALTERNATIVE DISPUTE RESOLUTION (ADR) CLAIM FORM**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Claimant**

**\*Only one Claimant per claim form is allowed for tracking purposes.**

**Claimant:** \_\_\_\_\_

\*If individual, provide full name as it appears with the assessor's office in order to verify that you are a Unit Owner. If an Association, provide COMPLETE Association name as it appears on Secretary of State's website. (<http://nvsos.gov/sosentitysearch/>)

**If Claimant is represented by an attorney:** \_\_\_\_\_

Please provide the name of the Law Firm and the name of the attorney. An attorney is not required.

**Mailing Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Phone Number:** \_\_\_\_\_

**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 Respondent Form (#520B) if there is more than one Respondent**

**Mailing Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Phone Number:** \_\_\_\_\_

**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.

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

\_\_\_\_\_  
(Initial)

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 if applicable)

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: \_\_\_\_\_

Address of unit related to this claim: \_\_\_\_\_

- Your explanation must start below. You may attach additional pages, if more space is needed. Please, do not write “SEE ATTACHMENT” in the space below IT IS NOT ACCEPTABLE.
- If this claim is being filed based on a referral from the Intervention process, please ensure that you explain the issue below. Do not refer to your original complaint.

**IDENTIFY THE SECTION OF GOVERNING DOCUMENTS PERTAINING TO THE DISPUTE:**

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

*Please indicate that you acknowledge and will follow through with completing each of the items below. Initialing 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 choose to submit your documents; you must supply one (1) original set and two (2) copies of the supporting documents.*

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

- \_\_\_\_\_  
(Initial)
- Cash (exact change; please do not mail cash)
  - Check
  - Money Order

**I acknowledge that the Subsidy Application will ONLY be accepted, and reviewed prior to the claim being assigned to a Mediator or 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 for each unit located within the each individual association. .*
    - *In “Good Standing” with Secretary of State & Office of the Ombudsman.*

***Should subsidy be awarded, the Division will notify each party when the claim is assigned to a Mediator.***

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

\_\_\_\_\_  
(Initial if applicable)

## SERVING THE CLAIM

Please be advised, the Claimant will be responsible to have the Respondent(s) served within **45 days** from the date the Division processes the Claimant's 520 claim form. The packet will contain instructions on how to serve the claim.

The packet that the Claimant will receive in the mail will contain:

- A claim opening letter (keep this letter for your records).
- A receipt for the **non-refundable** \$50.00 filing fee (keep for your records).
- Affidavit of Services Form
  - This form must be filled out by the person that serves the claim.
  - The form **MUST** be notarized, and returned to the Division within 10 days of the claim being served.
  - The packet cannot be served by anyone associated with the claim.

The following items from the packet are required to be served:

- ADR Overview, form #523
- Copy of the claim that was processed, form #520
- A blank Response, Form #521
- A blank Subsidy Application, form #668
- *If the Claimant listed more than one Respondent on the Claim Form (#520). The Claimant will be responsible to make copies of the packet, so that each Respondent can be served.*
- *One (1) Affidavit of Service will have to be notarized, and submitted for each Respondent listed on the Claim Form (#520/520B).*
- *Pursuant to NAC 38.350(2)(a) – The Affidavit of Service **MUST** be submitted to the Division within 10 days of being served.*

\_\_\_\_\_ I acknowledge that all forms listed above will be served pursuant to NRS 38.320.

(Initial)

\_\_\_\_\_ I acknowledge that if the claim is not served within the timeframe set forth by Nevada Administrative Code (NAC) 38.350 (1), the claim will be closed.

(Initial)

\_\_\_\_\_ I acknowledge if the Affidavit of Service (AOS) is not submitted to the Division within the timeframe set forth by Nevada Administrative Code (NAC) 38.350 (2)(a), the Division has the authority to close the claim.

(Initial)

### How service must be made:

- **Service on a Nevada Corporation:** Service shall be made upon the president or other corporate head, secretary, cashier, managing agent or resident agent. However, if this is not possible, then upon the Secretary of State in the manner described in Rule 4 of the Nevada Rules of Civil Procedure.
- **Service on a Non-Nevada Corporation:** Service shall be made upon the agent designated for service of process, in Nevada, or its managing agent, business agent, cashier, or secretary within this State. However, if this is not possible, then upon the Secretary of State in the manner described in Rule 4 of the Nevada Rules of Civil Procedure.
- **In all other cases (except service upon a person of unsound mind, or upon a city, town or county):** Service shall be made upon the respondent personally, or by leaving copies at his dwelling house or usual place of abode with some person of suitable age and discretion then residing therein, or by delivering a copy of the summons and complaint to an agent authorized by appointment or by law to receive service of process.
- **If all of the above are not possible because of the absence from the state or inability to locate the respondent: An Affidavit of Due Diligence can be provided to the Division. If the Division determines adequate efforts were made to serve the respondent(s), the Division will provide a letter to the claimants acknowledging their unsuccessful efforts to participate in the ADR program.**

\* **"Service by Publication" is not a valid form of service for the ADR Program.**

The following is a listing of the Mediators and Referees for the Alternative Dispute Resolution program. Before making your selection you may view the resumes of the Mediators and Referees, and their location availability can also 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**

**REFEREE LISTING**

\_\_\_\_\_ Angela Dows, Esq.  
\_\_\_\_\_ Barbara Fenster  
\_\_\_\_\_ Christopher McCullough, Esq.  
\_\_\_\_\_ Dee Newell, JD  
\_\_\_\_\_ Donald E. Lowrey, J.D. LL.M.  
\_\_\_\_\_ Eric Dobberstein, Esq.  
\_\_\_\_\_ Henry Melton  
\_\_\_\_\_ Ira David, Esq.  
\_\_\_\_\_ Janet Trost, Esq.  
\_\_\_\_\_ Malcom Doctors  
\_\_\_\_\_ Phillip A. Silvestri, Esq.

\_\_\_\_\_ Angela Dows, Esq.  
\_\_\_\_\_ Donald Lowrey, J.D.  
\_\_\_\_\_ Ira David, Esq.

**NORTHERN NEVADA**

**MEDIATOR LISTING**

**REFEREE LISTING**

\_\_\_\_\_ Paul H. Lamboley, Esq.  
\_\_\_\_\_ Michael Matuska, Esq.

\_\_\_\_\_ Paul Lamboley, Esq.  
\_\_\_\_\_ Michael Matuska, Esq.

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

**Submit the required forms and documents to:**

**Nevada Real Estate Division  
ADR Facilitator  
3300 West Sahara Avenue, Ste. 325  
Las Vegas, Nevada 89102**