

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, NV 89102
(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520
E-mail: CICombudsman@red.nv.gov <http://www.red.nv.gov>

ALTERNATIVE DISPUTE RESOLUTION (ADR) CLAIM FORM

Please ensure that all sections of this form are completed. Incomplete paperwork will be returned for completion, and will cause a delay in the processing of the claim.

Date: _____
Signature of Claimant (or attorney, if applicable)

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

- If the Claimant does **NOT** have an attorney, list the Claimant's personal information below.
- If the Claimant is represented by an attorney, list the attorney's information in the address section.

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/>)

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

Mailing Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ E-Mail: _____

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

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/>)

Mailing Address: _____
Street City State Zip Code

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 Referee Program, the cost will be fully subsidized by the Division, contingent upon available funds.

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

_____ 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): _____

_____ I acknowledge that if an Intervention Affidavit (form #530) has been filed with the Division based on 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)

FOR OFFICIAL 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: _____

- Your explanation must start below. You may attach additional pages, if more space is needed. "SEE ATTACHMENT" IS NOT ACCEPTABLE.
- If this claim is being filed based on a referral from the Intervention process, please file your complaint as a new complaint. 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 by 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 chose to submit your documents; you must supply one (1) original set and two (2) copies.*

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 against the same unit owner for each unit owned.*
 - *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** after the Division mails the Claimant the processed packet via USPS. 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.
 - 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).*
- *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, 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

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

_____ 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 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. 325
Las Vegas, NV 89102**