

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

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

*Please review the ADR Overview, Form #523, prior to completing this 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 Respondent (or attorney)

**Claim #:** \_\_\_\_\_  
 Located on the bottom of the Claim Form

**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**

**If Respondent 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:** \_\_\_\_\_

**PLEASE SELECT YOUR METHOD OF RESOLUTION:**

- \_\_\_\_\_ **MEDIATION**  
 \_\_\_\_\_ **REFeree PROGRAM \***

**\* Please Note - If Claimant has elected to participate in the Referee Program, you must also agree; otherwise the claim will be submitted to Mediation.**

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

\_\_\_\_\_ I mailed a copy of this Respondent Form and any supporting documents to the Claimant at the address on the Claim Form.

- **Date packet was mailed:** \_\_\_\_\_

\_\_\_\_\_ I **agree** to use the mediator/referee identified by the Claimant on page 3 of the Claim Form

- **Mediator/ Referee listed on Claim form :** \_\_\_\_\_

\_\_\_\_\_ I **disagree** with the mediator/referee identified by the Claimant on page 3, therefore I agree to have the Division assign the mediator/referee **at random**.

*For office use only:*

Receipt number: \_\_\_\_\_ Claim number: \_\_\_\_\_ Date received: \_\_\_\_\_

**PROVIDE A BRIEF STATEMENT PERTAINING TO THE NATURE OF THE DISPUTE**

- “SEE ATTACHMENT” IS NOT ACCEPTABLE. Your explanation must start on this page. You may attach additional pages, if more space is needed.

**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:*

\_\_\_\_\_  
(Initial)      **Forms:**  
One (1) Original Response Form, # 521  
One (1) copy of the Response 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 One (1) copies.*

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

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

\_\_\_\_\_  
(Initial)      **I acknowledge that the Subsidy Application will ONLY be accepted, and reviewed, prior to the claim being assigned to a Mediator/Referee.**

\_\_\_\_\_  
(Initial if applicable)      **ADR Subsidy Application for Mediation (Form #668):**  
***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.***

\_\_\_\_\_  
(Initial if applicable)      **I acknowledge that the Respondent will NOT be applying for Subsidy for this claim.**

**Once the Division processes your Respondent Form, the Division will assign a mediator or a referee, based on the information supplied in this form.**

**Once a mediator or referee has been assigned, all communications are to be directed to the assigned individual.**