

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
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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 Number: _____
Located at the bottom of the Claim Form

Respondent: _____
If individual, provide full name. If an Association, provide COMPLETE Association name as it appears on the [Secretary of State's website](#).

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

Law Firm and Attorney (if applicable): _____
Provide the name of the law firm and the name of the attorney. An attorney is not required.

Contact Address: _____
Street and number, city, state, and zip code

Contact Phone: _____ Fax Number: _____ Email Address: _____

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.

INITIAL

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

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 4 of the Claim Form

Mediator/Referee listed on Claim Form: _____

I disagree with the mediator/referee identified by the Claimant on page 4, 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 choose to submit your documents; you must supply one (1) original set of One (1) copies.*

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

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.

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.