

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

ALTERNATIVE DISPUTE RESOLUTION (ADR)
SUBSIDY APPLICATION FOR MEDIATION

IMPORTANT: Subsidization of any Mediator fees is limited to actual Mediator fees only and may not exceed \$250.00 per side not to exceed \$500 per Mediation, **to the extent that funds are available.** Specific costs not subsidized include, but are not limited to, the \$50 filing fee required to accompany any claim or response and any attorney fees incurred by the parties.

Date form is completed: _____ **Claim #:** _____
(Claimant: this number will be provided upon filing the claim with the Division)

This form is being completed on behalf of: Claimant Respondent

Is the above indicated party: Unit Owner Homeowners Association

Subsidy is based on to the unit address the claim is filed in reference to

For subsidy to be approved, for either party, the primary unit address involved in this claim is required:

Unit Owners Name: _____

Unit Address: _____
Street City State Zip Code

**If the Respondent is completing this form, please list the primary unit address involved in this claim*

Mailing address for the party applying for Subsidy:

Name: _____

If party 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:** _____

Claimant's acknowledgments:

(Initial) Initial here confirming your claim was filed within one year of discovery. *
 * *In order for subsidy to be approved, the claim form must be filed within 1 year from the date of discovery of the issues(s) listed on claim form.*

Claimant's & Respondent's acknowledgments:

(Initial) If subsidy is denied, I acknowledge I will be responsible for the cost of the Mediation.

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

Yes No Have you received a subsidy during the State's current fiscal year? (The State's fiscal year is July 1 – June 30)
 If yes, indicate: Claim #: _____ Claimant Name: _____ Unit Address: _____

Association's acknowledgments:

Yes No Is the association is "Good Standing" with both the Office of the Ombudsman and Secretary of the State?

(Initial) If the Association is "Not in Good Standing" with either the Secretary of State and/or the Ombudsman Office, I acknowledge subsidy will be denied.

| FOR OFFICIAL USE ONLY - MEDIATOR | |
|--|---|
| Date claim assigned to mediator: _____ | Date form received by the Division _____ |
| Date of Mediation _____ | Date form completed and submitted to Ombudsman's office _____ |

