

## ALTERNATIVE DISPUTE RESOLUTION (ADR) ARBITRATION CLAIMANT AND RESPONDENT FORM

*Pursuant to NRS 38.330(2) "Before commencing a civil action in the proper court, the parties named in the claim may agree to arbitration if the parties have participated in mediation in which an agreement was not obtained or if a written decision and award have been issued pursuant to [NRS 38.325](#). Unless the parties agree in writing to binding arbitration, nonbinding arbitration is the default.*

### Acknowledgments

### Initials

I have participated in the ADR mediation program in which an Agreement was not obtained. I acknowledge that if an ADR claim (Form 520) has not been filed with the Division regarding this dispute, the Division will not proceed with facilitating the Arbitration process pursuant to NRS 38.330 (2). Please identify the ADR Claim Number: \_\_\_\_\_

**Claimant**

**Respondent**

I agree to participate in Arbitration:

(A) By initialing, I agree to participate in Binding Arbitration.

(B) By initialing, I agree to participate in Non-Binding Arbitration.

I acknowledge that unless the parties agree in writing to Binding Arbitration the Arbitration is Non-Binding, pursuant to NRS 38.330 (2).

I acknowledge that each party is responsible for the Arbitration costs and fees. No subsidy will be awarded by the Division.

- Arbitrators may not bill more than \$300 per hour pursuant to NRS 38.330(2).
- Arbitrators may require a deposit from both parties.

I acknowledge that a Waiver of Service must be submitted to the Division at the time of application.

- Refer to the Waiver of Service Instructions for further information.

I acknowledge that this joint form must be filled out by both parties in its entirety prior to submittal to the Division. If both parties have not completed their portion and signed, the Division will not proceed with facilitating the Arbitration process.

### For Office Use Only

**Claim Number:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

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

The following is a listing of the Arbitrators for the Arbitration process. Before making your selection, you may view the resumes of the Arbitrators on the Division's website at <https://red.nv.gov/Content/CIC/ADR/Panel/>.

- Please indicate the Arbitrator of your choice by checking the box next to the party selected. Both parties must agree on the selection, or the Division will assign an Arbitrator at random.

**SOUTHERN NEVADA ARBITRATOR LISTING**

☐ Donald E. Lowrey, Esq.\*      ☐ Janet Trost, Esq. \*

*\* Southern Nevada Arbitrator available for virtual proceedings for Northern Nevada residents*

**NORTHERN NEVADA ARBITRATOR LISTING**

☐ Paul H. Lambole, Esq.

**NEVADA REAL ESTATE DIVISION SELECTION**

☐ Request to assign at random

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Respondent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit the required forms and documents to:  
Nevada Real Estate Division  
ADR Facilitator  
3300 West Sahara Avenue, Ste. 350  
Las Vegas, NV 89102

- ❖ Please make sure to retain a copy of this packet for your records before submission, as copies from the Division cannot be provided.

Once the Division processes your claim form and an Arbitrator is assigned, all communication is to be directed to the assigned Arbitrator.

*For Office Use Only*

Claim Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_

## WAIVER OF SERVICE INSTRUCTIONS

**Purpose:** To notify the Respondent that you are formally requesting that they participate in Arbitration through the Alternative Dispute Resolution Program (ADR). The Respondent must complete the Waiver of Service and Form 524 to demonstrate cooperation, should they agree.

**If the Respondent signs the waiver, Respondent is agreeing to participate in Arbitration and submit the appropriate forms.**

**1. FILL OUT THE PAPERWORK:** Use black ink and write clearly.

➤ **Notice of an ADR Arbitration Claim Request**

Fill out this entire form. This form tells the Respondent that you are requesting to file an Alternative Dispute Resolution Arbitration Claim and asks them to sign the Waiver of Service to demonstrate their cooperation. You must calculate the due dates on the form. Respondent has 30 days from the date of your notice to return the Waiver of Service to you.

➤ **Waiver of Service**

Fill out everything on this form except the date and signature area for Respondent. Respondent can sign this form if they agree to participate.

**2. DELIVER THE ADR ARBITRATION FORM 524 AND WAIVER OF SERVICE:**

➤ **Make Copies:**

Make a copy of the Alternative Dispute Resolution Arbitration Claimant and Respondent Form 524. Make a copy of the Waiver of Service. You will keep a copy of the notice for your records.

➤ **Deliver the Documents:** Hand deliver or mail to the Respondent:

- 1 Original Alternative Dispute Resolution Arbitration Claimant and Respondent Form 524
- 1 Original Notice of an Alternative Dispute Resolution (ADR) Arbitration Claim Request
- 1 Original Waiver (to sign and return to you) + 1 Copy of the Waiver (for Respondent to keep)
- Self-Addressed Stamped Envelope (an envelope with your name and address on it, plus affixed prepaid postage), if applicable.

**3. SUBMIT THE WAIVER AND FORM 524 TO THE DIVISION:**

After Respondent signs the Waiver of Service, submit the notice of waiver and the original completed Alternative Dispute Resolution Arbitration Claimant and Respondent Form 524 to the Real Estate Division. This is your proof of agreement to participate in Arbitration. **WARNING!!** If you do not file the waiver and Form 524 together, your ADR Arbitration claim may not be processed.

ADR CLAIM NUMBER: \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

vs.

RESPONDENT: \_\_\_\_\_

**NOTICE OF AN ALTERNATIVE DISPUTE RESOLUTION (ADR) ARBITRATION CLAIM REQUEST**

TO: \_\_\_\_\_  
(Respondent's name)

**Why are you getting this?**

I am requesting Arbitration through the Alternative Dispute Resolution Program due to an unsuccessful mediation regarding the claim number shown above.

This is not a summons, or an official notice from the court. This is a request that you agree to participate in Arbitration by signing and returning the enclosed waiver and Form 524 by the date indicated on the next page.

Enclosed is the following:

- 1. Complaint:** a copy of ADR Arbitration Form 524 for you to complete (sign and return to me) (make a copy for your records)
- 2. Waiver:** 1 original (to sign and return to me) + 1 copy (for you to keep)
- 3. Self-Address Stamped Envelope:** so you can mail the original waiver and Form 524 to me

**What happens next?**

If you return the signed waiver and Form 524 to me, I will file it with the Nevada Real Estate Division. The claim will then proceed as if you had been served on the date the waiver is filed, but no claim will be served on you.

Your deadlines are:

Date Notice Was Sent: \_\_\_\_\_

← *Write today's date*

Please Return Waiver to Me by: \_\_\_\_\_

← *Write a date at least 30 days away if Respondent lives in the US, or at least 60 days away if Respondent lives in another country*

If you do not return the signed waiver within the time indicated, I will not proceed with filing an Alternative Dispute Resolution Arbitration Claimant and Respondent Form 524 with the Nevada Real Estate Division. Understand that I will keep all defenses or objections to the claim, which may result in me taking civil action against you in court.

I certify that this request is being sent to you on the date below.

DATED \_\_\_\_\_, 20\_\_\_\_.

Submitted By: *Claimant's Signature* ▶ \_\_\_\_\_

*Claimant's Printed Name* \_\_\_\_\_

*Claimant's Address* \_\_\_\_\_

*Claimant's Address* \_\_\_\_\_

*Claimant's Telephone Number* \_\_\_\_\_

Claimant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

ADR CLAIM NUMBER: \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

vs.

RESPONDENT: \_\_\_\_\_

**NOTICE OF AN ALTERNATIVE DISPUTE RESOLUTION (ADR) ARBITRATION CLAIM REQUEST**

TO: \_\_\_\_\_  
(Claimant's name)

I have received your request to participate in Arbitration through the Alternative Dispute Resolution Program. I have received the Arbitration Claimant and Respondent Form 524, two copies of this waiver form, and a prepaid means of returning one signed copy of the forms to you.

I understand that I will keep all defenses or objections to the claim but agree to participate in Arbitration.

I understand that I must return the required documents to the Claimant by the deadline listed below for the claim to be filed with the Nevada Real Estate Division:

Date Notice Was Sent: \_\_\_\_\_

← *Claimant: write today's date*

My Answer is Due to the Claimant \_\_\_\_\_  
by:

← *Claimant: write the date 30 days from today if Respondent lives in the US, or 60 days from today if Respondent lives in another country*

If I do not file by the deadline above, the Alternative Dispute Resolution Arbitration Claim will not be submitted to the Nevada Real Estate Division due to non-response.

DATED \_\_\_\_\_, 20\_\_\_\_.

Submitted By: *Respondent's Signature* ▶ \_\_\_\_\_

*Respondent's Printed Name* \_\_\_\_\_

*Respondent's Address* \_\_\_\_\_

*Respondent's E-mail Address* \_\_\_\_\_

*Respondent's Telephone Number* \_\_\_\_\_