



ALTERNATIVE DISPUTE RESOLUTION (ADR)

NRS §38.300 – NRS §38-360



GLOSSARY

- **Claimant:** Party that files a claim.
- **Respondent:** Party responding to the filing of a claim.
- **Claim Form 520:** Form the Claimant submits to file an ADR claim.
- **Response Form 521:** Form that Respondent submits in response to a claim
- **Subsidy:** Amount paid by the state for the cost of the Mediator or Referee services.
- **Subsidy Form 668:** Form that either party submits to apply for subsidy.
- **Affidavit of Service (AOS):** Form completed by the Process Server after serving documents to the Respondent. This form is required to be notarized before submitting it to the Division.
- **Mediator:** Person that mediates in an attempt to assist the parties in conflict resolution.
- **Referee:** A licensed attorney who impartially renders a determination regarding a dispute.

OVERVIEW OF THE ADR PROCESS

NRS 38.300 - NRS 38.360

OVERVIEW

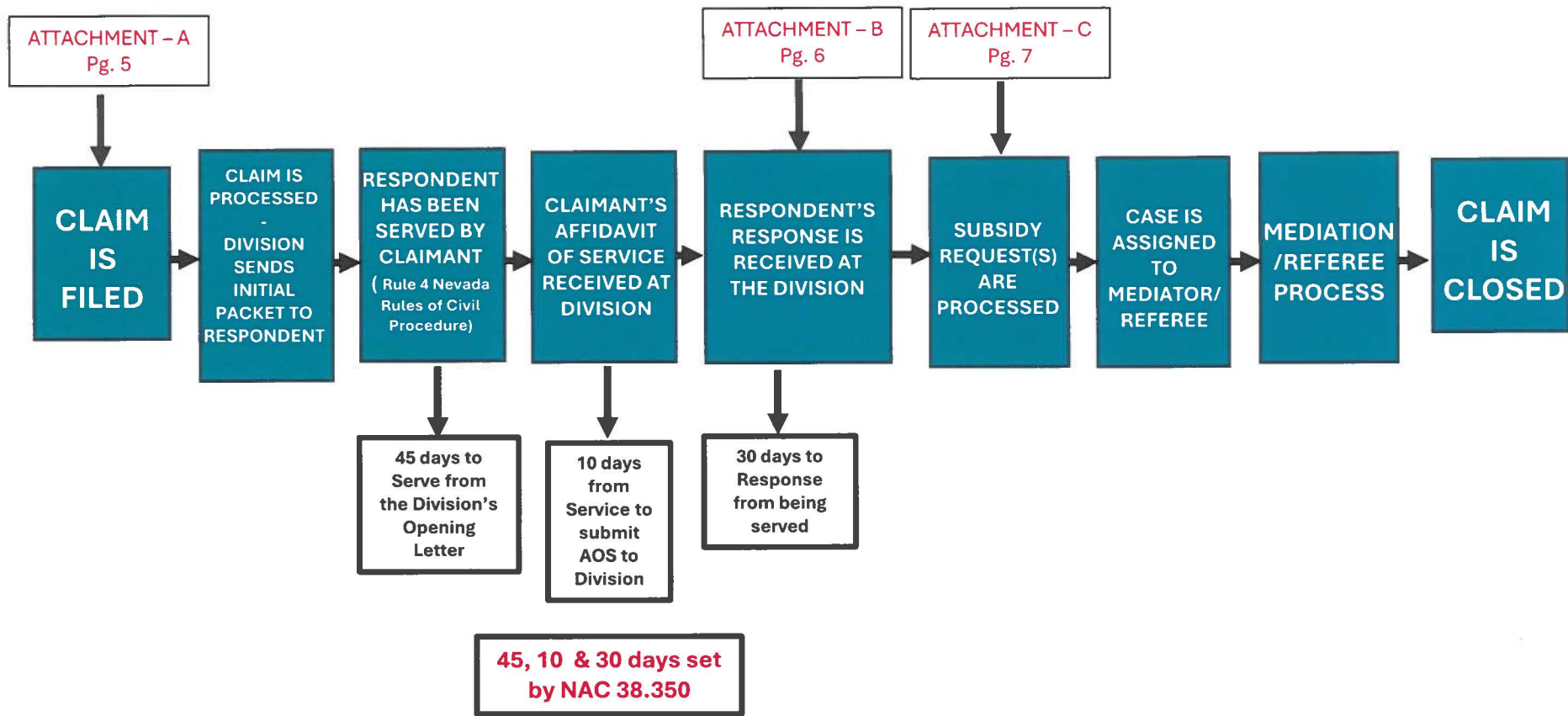
1. No civil action based upon a claim relating to:

The interpretation, application or enforcement of any covenants, conditions or restrictions applicable to residential property or any bylaws, rules or regulations adopted by an association; or the procedures used for increasing, decreasing or imposing additional assessments upon residential property, may be commenced in any court in this State **unless** the action has been submitted to an Alternate Dispute Resolution program. NRS 38.310.

- Both parties, Claimant and Respondent are provided an opportunity to participate in the ADR process.
- The ADR process for Mediator or the Referee program are very similar. Both processes are nonbinding.
 - The cost for Mediation is \$250.00 per party. The cost for Referee is \$500.00 per party. NAC 116.520 (5)(b).
 - The Mediator will mediate and help the parties reach an agreement. The Referee will review the documents and hear testimony, then render a decision.
 - The Referee is a licensed attorney. The Mediator may not be an attorney.

OVERVIEW OF THE ADR PROCESS

NRS 38.310 – NRS 38.360



ATTACHMENT - A

**OVERVIEW OF THE ADR
PROCESS
NRS 38.300 – NRS 38.360**

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: CI/Ombudsman@rd.nv.gov / <http://rd.nv.gov>

ALTERNATIVE DISPUTE RESOLUTION (ADR) CLAIM FORM

Date: _____ Signature of Claimant: _____

*Only one claimant per claim form is allowed for tracking purposes.

Claimant: _____

**If individual, provide full name as it appears with the assessor's office in order to verify that you are a Unit Owner. If an Association, provide COMPLETE Association name as it appears on the [Secretary of State's website](#)*

Law Firm and Attorney (if applicable): _____

Please provide the name of the law firm and the name of the attorney. An attorney is not required.

Mailing Address: _____

Street and number, city, state, and zip code

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

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 an Additional Respondent Form 520B if there is more than one Respondent.

Mailing Address: _____

Street and number, city, state, and zip code

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

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, if funds are available.

Yes No Has the above-listed Claimant filed an Intervention Affidavit (Form 530) regarding the same or similar issues? *If yes, provide the file number(s):* _____

INITIAL

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

INITIAL IF APPLICABLE

I acknowledge that if an Intervention Affidavit (Form 530) has been filed with the Division based upon the same issues, by filing an ADR claim, the Division will not move forward with investigating the Intervention Affidavit pursuant to NAC 116.630.

If the Referee Program is selected, and the Respondent chooses Mediation, the claim will default to mediation.

For office use only

Receipt Number: _____ Claim Number: _____ Date Received: _____

- Form 520 (Claim Form). This form is filed by the Claimant. A \$50.00 fee is submitted.
- Claim is processed and a claim number is assigned.
- The Division provides to the Claimant the following to serve the Respondent with:
 - a. Instructions and ADR Overview
 - b. Copy of Claim Form 520
 - c. Blank Response Form 521 and instructions on how to fill out the Response form.
 - d. Subsidy Form 668
- The Claimant is provided, in the initial packet, with a blank AOS to be submitted once the Claimant has served the Respondent. Attached to the form are instructions on how to serve under Rule 4 of the Nevada Rules of Civil Procedure. The Claimant has **10 days to submit the AOS** to the Division after the Respondent has been served. NAC 38.350

Note: Claimant has 45 days to serve the Respondent after filing the complaint with the Division.
NAC 38.350

ATTACHMENT - B

**OVERVIEW OF THE ADR
PROCESS
NRS 38.300 – NRS 38.360**

STATE OF NEVADA
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CCOmbudsman@rdi.nv.gov <http://www.rdi.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 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: _____

- When the Respondent has been served, the Respondent **has 30 days to submit the Response Form 521** to the Division. NAC 38.310
- Upon receipt of the Respondent's Response and the \$50 fee, the documents and requested subsidy, if submitted, are reviewed for compliance with the NAC116.520, and NRS 38.300 to NRS 38.360

ATTACHMENT - C

OVERVIEW OF THE ADR PROCESS NAC 116.520

STATE OF NEVADA
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OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
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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 Number: _____

This form is being completed on behalf of
The above-indicated party is Claimant Respondent
 Unit Owner Homeowners Association

Subsidy is based on 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 Owner's Name: _____

Unit Address: _____

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

Contact Information for the Party Applying for Subsidy:

Name: _____

Law Firm and Attorney Name (if applicable): _____

Contact Address: _____

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

Claimant's Acknowledgements:

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

Claimant's and Respondent's Acknowledgments:

If subsidy is denied, I acknowledge I will be responsible for the cost of the Mediation.
 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 fiscal year is July 1 – June 30)
If yes, Indicate: Claim Number: _____ Claimant Name: _____ Unit Address: _____

Association's Acknowledgments:

Yes No Is the association in "Good Standing" with both the Office of the Ombudsman and the Secretary of State?
 If the association is "Not in Good Standing" with the Office of the Ombudsman and/or the Secretary of State, I acknowledge the subsidy will be denied.

FOR DIVISION USE ONLY - MEDIATOR

Date claim assigned to mediator: _____ Date form received by Division: _____

- The Mediator /Referee fees may be subsidized by the state. NAC 116.520 (1)
- Parties seeking subsidy are required to submit Form 668.
- Either party can apply for subsidy (NAC 116.520 (2)(3)(4)). The requirements for subsidy approval include but not limited to:
 1. File a claim for mediation within 1 year after the date of discovery of the alleged violation.
 2. If the applicant is an association, be registered and in good standing with:
 - (1) The Office of the Ombudsman for Owners in Common-Interest Communities and Condominium Hotels; and
 - (2) The Secretary of State, if the association is required to register with the Secretary of State pursuant to title 7 of NRS
 3. A unit's owner is eligible to have one proceeding for mediation subsidized per fiscal year for each unit that he or she owns.
 4. An association is eligible to have one proceeding for mediation subsidized per fiscal year against the same unit's owner for each unit that he or she own
 5. A party to a mediation is not eligible to receive a subsidy if the party was a party to a claim in which the same or substantially similar issues were heard by the referee program.
- Subsidy is processed by the Program Officer I and approved by the Ombudsman and the fiscal section.

CASE ASSIGNED TO MEDIATOR/REFEREE

- The parties will have the opportunity to preselect the Mediator or Referee from the state's approved Mediator or Referee list.
- If both parties don't agree on the same Mediator/Referee the Division will assign one at random.
- Once the Mediator/Referee is assigned, a copy of the case file is sent to the Mediator/Referee.
- At this time in the ADR process, the Mediator/Referee will direct the process and coordinate all other future actions.

CLAIM IS CLOSED

- After the mediation has concluded, the Mediator/Referee will send the closing documents and the invoice to the Division, if subsidy was approved. NAC 116.520 (7)(b).
- At the conclusion of the ADR process, the Division will process the subsidy invoice and issue letters to the parties appropriately that the case has been closed. The parties, if they chose, can proceed to the proper court showing that the case was brought before an Alternative Dispute Resolution Program. NRS. 38.310