

## REQUEST FOR MEDIATION

### A) Requesting Party

Legal Nature \* (1) \_\_\_\_\_

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

In House Counsel (4) \_\_\_\_\_

#### Attorney (5)

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

Law Firm \_\_\_\_\_

**Number of Requesting Parties:** \_\_\_\_\_ **(complete Form A+)**

#### REQUESTS

the start of a mediation procedure against  or together with   
and asks to give notice to the responding party regarding the mediation process at the following address.

### B) Responding Party

Legal Nature \* (1) \_\_\_\_\_

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

In House Counsel (4) \_\_\_\_\_

#### Attorney (5)

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

Law Firm \_\_\_\_\_

**Number of Responding Parties:** \_\_\_\_\_ **(complete Form B+)**

**Required fields.** (1) An individual, entity, corporation, partnership, public agency, joint ownership, consortium, etc ... (2) Name of individual or name of legal entity or corporation.(3) Notice shall be sent via the preferred method: e-mail, fax, or sms. (4) In the case of entity, please indicate the legal representative or contact name. (5)Legal assistance is mandatory for all the disputes under art. 5, paragraph 1bis, of the legislative decree n.28/2010 as modified by D.L. n. 69/2013 (6) The requesting party is responsible for indicating the contact details for the responding party to which CONCILIA will send notice.

## A+ Other Requesting Parties

Request for mediation

Attached to the Request for Mediation \_\_\_\_\_ and \_\_\_\_\_

Legal Nature \* (1) \_\_\_\_\_

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

In House Counsel (4) \_\_\_\_\_

### Attorney (5)

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

Law Firm \_\_\_\_\_

The undersigned declares to have read and completed this form carefully and accepts the Rules of Mediation and the logistic and administrative costs available on its website at [www.conflictresolution.it](http://www.conflictresolution.it). The undersigned also declares that he/she has not initiated the same procedure at other mediation organizations and is willing to receive communications relating to the mediation procedure only via fax numbers, phone (SMS), and e-mail address provided.

Place \_\_\_\_\_ Date \_\_\_\_\_ Full name/Company \_\_\_\_\_ Signature \_\_\_\_\_

I, while sending my data to CONCILIA, declare that I read the information about the Privacy Policy regarding the mediation service, available on [www.conflictresolution.it](http://www.conflictresolution.it), and so I am informed about the ways my data will be treated, also with the help of electronic devices. Any requests under Articles. 7, 8, 9, 10 D. Decree 196/03 should be submitted to CONCILIA SRL, Via Spinoza, 49 - 00137 Rome (Italy), by fax at 0039 06 93387583, or e-mail address [concilia@concilia.it](mailto:concilia@concilia.it).

Place \_\_\_\_\_ Date \_\_\_\_\_ Full name/Company \_\_\_\_\_ Signature \_\_\_\_\_

Legal Nature \* (1) \_\_\_\_\_

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

In House Counsel (4) \_\_\_\_\_

### Attorney (5)

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

Law Firm \_\_\_\_\_

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Place \_\_\_\_\_ Date \_\_\_\_\_ Full name/Company \_\_\_\_\_ Signature \_\_\_\_\_

I, while sending my data to CONCILIA, declare that I read the information about the Privacy Policy regarding the mediation service, available on [www.conflictresolution.it](http://www.conflictresolution.it), and so I am informed about the ways my data will be treated, also with the help of electronic devices. Any requests under Articles. 7, 8, 9, 10 D. Decree 196/03 should be submitted to CONCILIA SRL, Via Spinoza, 49 - 00137 Rome (Italy), by fax at 0039 06 93387583, or e-mail address [concilia@concilia.it](mailto:concilia@concilia.it).

Place \_\_\_\_\_ Date \_\_\_\_\_ Full name/Company \_\_\_\_\_ Signature \_\_\_\_\_

**Required fields.** (1) An individual, entity, corporation, partnership, public agency, joint ownership, consortium, etc ... (2) Name of individual or name of legal entity or corporation.(3) Notice shall be sent via the preferred method: e-mail, fax, or sms. (4) In the case of entity, please indicate the legal representative or contact name. (5)Legal assistance is mandatory for all the disputes under art. 5, paragraph 1bis, of the legislative decree n.28/2010 as modified by D.L. n. 69/2013.

## B+ Other Responding Parties

Request for mediation

Attached to the Request for Mediation \_\_\_\_\_ and \_\_\_\_\_

Legal Nature \* (1) \_\_\_\_\_

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

In House Counsel (4) \_\_\_\_\_

### Attorney (5)

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

Law Firm \_\_\_\_\_

Legal Nature \* (1) \_\_\_\_\_

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

In House Counsel (4) \_\_\_\_\_

### Attorney (5)

Name\* (2) \_\_\_\_\_ Tax Code\* \_\_\_\_\_

VAT Number\* \_\_\_\_\_ Address/Location \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Tel. \* \_\_\_\_\_

Cell.: (3) \_\_\_\_\_ Email\*(3) \_\_\_\_\_

Law Firm \_\_\_\_\_

## Mediation Information

## Request for mediation

**Initiated by\*:**    Mandatory     Voluntary     Judge's Invitation     Contract Clause

Territorially competent judge \* (7) \_\_\_\_\_

Subject of dispute\* (8) \_\_\_\_\_

Reason for claim\* (9)

## Approximate value of the dispute (10)

- |  |  |
|--|--|
| <input type="checkbox"/> Above € 5.000.001                     | <input type="checkbox"/> From € 25.001 to € 50.000                 |
| <input type="checkbox"/> From € 2.500.001 to € 5.000.000       | <input type="checkbox"/> From € 10.001 to € 25.000                 |
| <input type="checkbox"/> From € 500.001 to € 2.500.000         | <input type="checkbox"/> From € 5.001 to € 10.000                  |
| <input type="checkbox"/> From € 250.001 to € 500.000           | <input type="checkbox"/> From € 1.001 to € 5.000                   |
| <input type="checkbox"/> From € 50.001 to € 250.000            | <input type="checkbox"/> Up to a € 1.000                           |
| <input type="checkbox"/> Cannot be determined (above € 50.000) | <input type="checkbox"/> Cannot be determined (less than € 50.000) |

## Attachments

All of the attachments will be forwarded to the Responding Party. Do NOT attach documents intended solely for the mediator

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Form A+ if there is more than one Requesting Party | <input type="checkbox"/> Judge's ruling        | <input type="checkbox"/> Billing information          |
| <input type="checkbox"/> Form B+ if there is more than one Responding Party | <input type="checkbox"/> Mandate to conciliate | <input type="checkbox"/> Contract between the parties |
| <input type="checkbox"/> Memorandum   | <input type="checkbox"/> Other _____           |   |

**Required fields.** (7) It's responsibility of the party to indicate the territorially competent judge (8) Matter of litigation. (9) Please provide a brief reason for the claim. Memorandum can be attached to this Request or subsequently sent to the mediator. (10) Necessary to determine the eventual indemnity for the prosecution.