

Soheila S. Azizi, Esq.

Professionally Trained Mediator & Arbitrator
Experienced Litigator, Special Master, Collaborative Lawyer
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REQUEST TO SET MEDIATION/ARBITRATION/ADR SERVICES

Please complete every field or mark "N/A"

Fax or Email the completed form

FEE SCHEDULE*

Standard Mediation: \$400/hr., Minimum 4 Hours
Arbitration, Special Master, Referee: \$425/hr., Minimum 4 Hours
Reservation Fee: \$250 (Nonrefundable), will be applied to session fees when confirmed

*To be divided equally among the parties

**Payments are due 48 hours before each session to avoid cancellation and forfeiture of Reservation Fees*

Make Checks Payable to SOHEILA S. AZIZI

CASE NAME: _____ CASE # _____ SB ___ RIV ___ OC ___ LA ___

Petitioner/Plaintiff/Claimant: _____

Telephone: _____ Fax: _____ Email: _____

Counsel Information, Firm Name & Address: _____

Telephone: _____ Fax: _____ Email: _____

Respondent/Defendant: _____

Telephone: _____ Fax: _____ Email: _____

Counsel Information, Firm Name & Address: _____

Telephone: _____ Fax: _____ Email: _____

Insurance Carrier: _____ Claims Adjuster: _____

ADDITIONAL PARTY INFORMATION:

Name(s) _____

Telephone: _____ Fax: _____ Email: _____

Counsel, Firm Name & Address: _____

Telephone: _____ Fax: _____ Email: _____

ADDITIONAL PARTY INFORMATION:

Name(s) _____

Telephone: _____ Fax: _____ Email: _____

Counsel, Firm Name & Address: _____

Telephone: _____ Fax: _____ Email: _____

ADDITIONAL PARTY INFORMATION:

Name(s) _____

Telephone: _____ Fax: _____ Email: _____

Counsel, Firm Name & Address: _____

Telephone: _____ Fax: _____ Email: _____

NATURE OF THE CASE (i.e., Civil Litigation, Family Law, Personal Injury, Probate, etc.)

SHORT STATEMENT OF DISPUTED FACTS/ARGUMENTS:

TYPE OF REQUESTED HEARING (Mediation, Arbitration, etc.)

ESTIMATED TIME FOR MEDIATION/ARBITRATION/SPECIAL MASTER SERVICES: HRS DAYS

TYPE OF RELIEF SOUGHT (Monetary/Declaratory/Injunctive, Etc.):

SPECIAL DAMAGES (Bills/Liens/Lost Pay/Property Loss):

GENERAL DAMAGES (Pain & Suffering/Loss of Consortium/Loss of Enjoyment of Life):

OTHER

HAS A DEMAND BEEN ISSUED? \$ OR ANY STATED OFFERS: \$

BY SIGNING BELOW, THE PARTIES AGREE TO PAY ALL FEES (48 HOURS PRIOR TO COMMENCEMENT OF THE SCHEDULED SESSIONS), EXECUTE ALL DOCUMENTS NECESSARY, FEE AGREEMENTS, CONFIDENTIALITY AGREEMENTS, ETC., TO FACILITATE THE HEREINSTATED TYPE OF SERVICES BY SOHEILA S. AZIZI, ESQ.; ADDITIONALLY ALL PARTIES ARE BOUND BY THIS AGREEMENT TO ATTEND AND ARRANGE TO HAVE ALL INDIVIDUALS /AUTHORIZED AGENTS/ WITNESSES NECESSARY TO A FULL RESOLUTION/ADJUDICATION OF THE MATTER STATED ABOVE; PARTIES AND/OR THEIR AUTHORIZED AGENTS AGREE TO PARTICIPATE IN ADR/MEDIATION PROCEEDINGS IN GOOD FAITH SPIRIT OF RESOLUTION

Signed: For: Date:

Signed: For: Date:

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Signed: For: Date:

Note: Be sure to provide adequate contact data to accommodate convening your ADR service! Your Mediation will be scheduled and confirmed when the full minimum fee is received. If you have questions, contact YOUR CONVENOR at the Law Offices of Soheila S. Azizi & Associates P.C.