



**National Center for Mediation**

3rd Floor, Commerce and Industry Plaza Building, 1030 Campus Avenue corner Park Avenue,  
 McKinley Town Center, Fort Bonifacio, Taguig City, Metro Manila  
 Trunk line No.: (632)8846-8196  
 www.mediation.org.ph

# REQUEST FOR MEDIATION

**INSTRUCTIONS:**

Case Ref# \_\_\_\_\_

1. Kindly fill out the form with complete information.
2. A *non-refundable* filing fee of PhP10,000 per request is payable within three (3) working days upon filing of this request. Processing of this request for mediation shall be made upon payment of the filing fee.

INFORMATION ABOUT THE PARTIES							
Company Name of Applicant:				Company Name of Respondent:			
Authorized Representative:				Authorized Representative:			
SPA given <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not necessary				SPA given <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not necessary			
Applicant agrees to mediate? <input type="checkbox"/> YES <input type="checkbox"/> NO				Respondent agrees to mediate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know			
Landline#:		Fax#:		Landline#:		Fax#:	
Mobile #:				Mobile #:			
Email:				Email:			
Address: <input type="checkbox"/> Business <input type="checkbox"/> Residential				Address: <input type="checkbox"/> Business <input type="checkbox"/> Residential			
LEGAL COUNSEL INFORMATION							
Name:				Name:			
Law Firm:				Law Firm:			
Landline #:				Landline #:			
Mobile #:				Mobile #:			
Email:				Email:			
Address:				Address:			
INFORMATION ABOUT THE CASE							
Nature of Dispute				Amount claimed: PhP			
				Amount counterclaimed: PhP			
Has the case been filed in court? <input type="checkbox"/> NO <input type="checkbox"/> YES							
Brief Description of the Dispute							
MEDIATOR PREFERENCE							



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Please tick only ONE:	<input type="checkbox"/> Parties to choose the mediator <i>The NCM shall provide a roster according to your preferences, if any.</i>	<input type="checkbox"/> NCM to appoint mediator <i>The NCM shall provide one according to your preferences, if any.</i>
Do you have a preference on the background / attributes of mediator? If yes, pls specify:		
Location of mediation sessions:		
Available dates for mediation:		
Remarks:		
Date of Application: _____ Signature over Printed Name of Applicant _____		
<b>To Be Filled Out By NCM Secretariat ONLY</b>		
Mediator Assigned:	Application Received by:	
Date Assigned:	Place of Application:	
Deadline of 1 <sup>st</sup> Contact:	Date Received:	
Request Status: <input type="checkbox"/> 1 <sup>st</sup> Contact done <input type="checkbox"/> Refused to mediate <input type="checkbox"/> Agreement to Mediate signed	Filing Fee Reference No.:	