FIJI MEDIATION CENTRE SMALL CASE MEDIATION SCHEME REQUEST FOR MEDIATION

Small Case Mediation Scheme Fiji Mediation Centre Tabatolu House, Level 1 Goodenough Street, Suva

Tel: (679)Fax: (679) Email: mediatewithusfmc@gmail.com Website: www.fijimediation.org

Have all the parties agre Yes No	ed to mediate this matter?			
Remarks:				
PLEASE READ				
 Parties who wish to apply for mediation under the Fiji Mediation Centre (FMC) Small Case Mediation Scheme (the Scheme) must complete this Application Form. FMC reserves the right to reject any Application. This Scheme is applicable to matters where the total quantum of claim and counterclaim exceed FJ\$ 				
DETAILS OF PARTIES (Where there are more than 2 parties or law firms, please provide the details for them in a separate attachment)				
Suit Number: (if applicable)	If court proceedings have started, please tick the applicable box Plaintiff Defendant Third Party			
APPLICANT(S)				
I am applying: As an individual For an organization				
Contact Particulars				
Salutation : (if applicable)	Mr Mrs Ms Others:			
Name(s):				
Address (If not legally represented):				

Contact No (If not legally represented):	Tel: Fax:			
Email Address (If not legally represented):				
Contact Particulars (Legal Representatives)				
Salutation: (if applicable)	Mr Mrs Ms Others:			
Name:				
Law Firm:				
Address:				
Contact No:	Tel: Fax:			
Email Address:				
Reference Number:				
RESPONDENT(S)				
If court proceedings hav	re started, please tick the applicable box			
Plaintiff Defendant Third Party				
If <u>not</u> , my counter party is:				
As an individual For an organization				
Contact Particulars				
Salutation: (if applicable)	Mr Mrs Ms Others:			
Name(s):				
Address (If not legally represented):				
Contact No (If not legally represented):	Tel: Fax:			

Email Address (If not legally represented):					
Contact Particulars (Legal Representatives)					
Salutation:	Mr Mrs Ms Others:				
Name:					
Law Firm:					
Address:					
Contact No:	Tel: Fax:				
Email Address:					
Reference Number:					
DETAILS OF THE DISF	PUTE				
The Value of claim: FJ\$ Quantum of counterclaim: FJ\$ (Please be aware that your claim cannot be more than FJ\$ to qualify for this scheme) Others:					
Type of Dispute					
Agency Banking/Financial Instruments Company / Shareholders Information Technology Construction/Contractors Defamation Employment Family/Neighbour Insurance Intellectual Property/Trademarks/Copyright Joint Venture/Partnership Others:		Personal Injury Probate (Deceased) Professional Malpractice Renovation Sale & Purchase of Property Sale/Supply of Goods & Services/Title of Goods Sports Shipping Tenancy Torts Trust			
Others:					

[Please provide brief details of the	dispute]	
AVAILABLE DATES FOR MEDIA	ATION	
[Please provide a few available da	tes - if possible, mutually agreed dates]	
TERMS AND CONDITIONS		
By signing and submitting this Application Form to FMC, you have agreed to the Scheme Procedure and the following terms and conditions of the Scheme: (1) A mediation fee deposit is payable to FMC by each party within three working days after FMC has confirmed the date of mediation. In the event that the mediation is aborted after FMC has confirmed the date of Mediation, FMC has the right to keep any part or all of the mediation fee deposit paid by both parties. (2) Mediation under this Scheme will be scheduled either on a weekday or Saturday, depending on the availability of the mediator, parties and venue. (3) If the total value of the claim is revised to above FJ\$ before or during the mediation session, FMC reserves the right to revise the mediation fee payable by parties.		
SIGNATURE		
Applicant's Name and Signature:		
Date:		

HOW DID YOU HEAR ABOUT US?

^{*}Subject to availability.