# ciarb.

# County Court Mediation Scheme

Please fill in the form and send it with all the supporting documentation by email to das@ciarb.org

Parties referred to Mediation from which County Court (Please tick): Bedford County Court

In the matter of a dispute between the following:

Claimant/First Party*:
Address:
Postcode:
Telephone:
Email address:
Represented by, if applicable*:
Address:
Postcode:
Telephone:
Email address:
Respondent/Second Party*:
Address:
Postcode:
Telephone:
Email address:
Represented by, if applicable*:
Address:
Postcode:
Telephone:

\*Delete as applicable or add, if necessary, names of other parties or representatives.

Email address:

Please provide details regarding the issues concerned:	
Claims up to £10,000 - Online only	
Claims between £10,001 to £100,000 - Online only	
Claims between £10,001 to £100,000 - In-person	
Preference for the Mediator's background and skills	
Party one: Knowledge/Profession	Party two: Knowledge/Profession
Professional specialist expertise (if any)	Professional specialist expertise (if any)
Experience required as Mediator (if any)	Experience required as Mediator (if any)
Your application is accepted on the basis that the information provided is inaccurate or incomplete.	
Your application will be processed on the basis that the	appointment may be made on behalf of the

Your application will be processed on the basis that the appointment may be made on behalf of the President/Deputy President of the Chartered Institute of Arbitrators or by one of their duly appointed agents.

## Joint application for the appointment of a Mediator

The parties hereby apply to the President or Deputy President of the Chartered Institute of Arbitrators (or one of their duly appointed agents) for their dispute (particulars of which are attached), to be referred to mediation for determination by an mediator appointed for that purpose by the President or Deputy President of the Chartered Institute of Arbitrators (or one of their duly appointed agents).

Items 4 - 9 of Part A also apply as a condition to an appointment under Part B.

Name:	Date (dd/mm/yyyy):
Signature:  Insert image of yo (as, or for and on b	Capacity: ur signature here ehalf of, Claimant)
Name:	Date (dd/mm/yyyy):
Signature:Insert image of yo (as, or for and on bel	= 5,1 5,5 5,7

#### **Fees**

The fees are related to the value of the claim as set out in the table below:

Claim value	Length of session	Fee per party	Total Fee received from parties		
Claims up to £10,000	3 hours - Online only	£200 + VAT	£400 + VAT		
Claims between £10.001 to £100.000	3 hours - Online only	£500 + VAT	£1000 + VAT		
Claims between £10.001 to £100.000	3 hours - in-person	£750 + VAT	£1500 + VAT		
Each additional hour is charged at £125 + VAT per party (including part hour)					

For in-person mediation, this excludes venue hire costs, to be arranged directly with the mediator.

#### Methods of payment

All payments should be made in pounds sterling, please ensure that a party name is provided as a reference. Please tick your preferred payment option\*:

### Credit/debit card

Please telephone our Finance Department on 020 7421 7429 and have your card to hand. We accept MasterCard, Visa or American Express.

#### **Bank transfer**

If you wish to pay by bank transfer, please ensure that a party name is provided as a reference. Ciarb bank details:

Account name: DAS Fundholding Account

Sort code: 40 05 03

Account number: 73664678

International Bank Account number (IBAN): GB8IHBUK40050373664678

**Branch Identifier Code: HBUKGB4B** 

\*Please do not send cash to Ciarb by post.

#### Checklist

All sections of the form have been completed.

You have provided the relevant supporting documentation (if necessary)

The correct fee is enclosed.

\*Please note the application fee is non-refundable.

You have signed and dated the form.