

FAMILY MEDIATION PROCEDURE RULES REQUEST FOR MEDIATION

Singapore Mediation Centre
1 Supreme Court Lane, Level 4
Singapore 178879
Tel: (65) 6252 4226 Fax: (65) 6333 5085
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| FAMILY MEDIATION PROCEDURE RULES REQUEST FOR MEDIATION | |
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| <p>The Applicant(s) and the Respondent(s) request for mediation under the prevailing SMC Family Mediation Procedure Rules ("Rules") and agree to abide by the same.</p> <p>Have all the parties agreed to mediate this matter?</p> <p><input type="checkbox"/> Yes (Respondent(s) are to provide their signatures on page A-3) <input type="checkbox"/> No</p> <p>Pursuant to Rule 13 of the Rules, please state the name(s) of the Unconfirmed Parties (if any):</p> <hr/> | |
| IMPORTANT NOTES | |
| <ol style="list-style-type: none"> 1. Pursuant to Rule 11.1 of the Rules, parties are to note that SMC retains the discretion whether to administer the mediation under these Rules. 2. Please copy all the parties to the dispute when sending the Request for Mediation to SMC. 3. A non-refundable filing fee shall be payable pursuant to Rule 13 of the Rules. | |
| DETAILS OF PROCEEDINGS (if any) | |
| Suit Number: <i>(if applicable)</i> | |
| APPLICANT(S) | |
| <i>(Where there are more than 2 parties or law firms, please provide the details for them in a separate attachment)</i> | |
| <i>If court proceedings have started, please tick the applicable box</i> | |
| <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Third Party | |
| Applicant(s) Contact Particulars | |
| Salutation: <i>(if applicable)</i> | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others: |
| Name(s): | |
| Address <i>(If not legally represented):</i> | |
| Contact No <i>(If not legally represented):</i> | Tel: Fax: |
| Email Address <i>(If not legally represented):</i> | |
| Legal Representative(s) Contact Particulars (if any) | |
| Salutation: <i>(if applicable)</i> | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others: |
| Name: | |

| | |
|-------------------|--------------|
| Law Firm: | |
| Address: | |
| Contact No: | Tel: Fax: |
| Email Address: | |
| Reference Number: | |

RESPONDENT(S)

(Where there are more than 2 parties or law firms, please provide the details for them in a separate attachment)

If court proceedings have started, please tick the applicable box

Plaintiff Defendant Third Party

Respondent(s) Contact Particulars

| | |
|---|---|
| Salutation: <i>(if applicable)</i> | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others: |
| Name(s): | |
| Address <i>(If not legally represented):</i> | |
| Contact No <i>(If not legally represented):</i> | Tel: Fax: |
| Email Address <i>(If not legally represented):</i> | |

Legal Representative(s) Contact Particulars (if any)

| | |
|-------------------|---|
| Salutation: | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others: |
| Name: | |
| Law Firm: | |
| Address: | |
| Contact No: | Tel: Fax: |
| Email Address: | |
| Reference Number: | |

DETAILS OF THE DISPUTE

Quantum of claim: S\$
Quantum of counterclaim: S\$

| | |
|--|--|
| [Please provide brief details of the dispute] | |
| AVAILABLE DATES FOR MEDIATION | |
| Number of days proposed for mediation: | |
| <i>[Where Applicant(s) and Respondent(s) have agreed to mediation]</i> Please provide a few mutually available dates: | |
| <i>[To be filled by the Respondent only, if not mutually agreed earlier]</i> Please provide a few available dates: | |
| MEDIATOR PREFERENCES | |
| <input type="checkbox"/> Party-Selected Mediator(s): <i>(Please note that when parties select their own mediator, the Party-Selected Mediator(s) is/are entitled to charge his/her commercial rates. SMC's prevailing Fee Schedule shall <u>not</u> apply.)</i> | |
| Name(s): _____ | |
| <input type="checkbox"/> SMC to appoint Mediator(s) | |
| Mediator Criteria (if any) [ie <i>industry expertise, language proficiency</i> etc]: | |
| APPLICANT(S) SIGNATURE | |
| Name and Signature: | |
| Date: | |
| RESPONDENT(S) SIGNATURE | |
| Name and Signature: | |
| Date: | |