

# INQUIRY FOR MEDIATION

## I. GENERAL PROVISIONS

1. This Inquiry for Mediation is submitted by the [Inquirer(s) name] (“Inquirer(s)”) to initiate and conduct a possible mediation between Inquirer(s) and [Respondent (s)] (“Parties to Mediation) at the Arbitration and Mediation Center of Armenia (“the AMCA”).
2. Pursuant to Article 6 (1) of the AMCA Mediation Rules, this inquiry includes:
  - 1) information about the parties to the dispute: full names, addresses, telephone numbers, e-mail addresses and any other contact information of the parties, as well as information about any person(s) representing the parties, (II),
  - 2) description of the dispute, (if possible, also the estimation of the monetary value of the subject of the dispute) (III),
  - 3) information about resorting to settlement procedure(s) other than mediation for the resolution of the dispute or possible agreement on resorting to them, (IV),
3. Additionally, this inquiry includes (V):
  - [1) proposal on the timelines for conducting the mediation],
  - [2) proposal on the language(s) of the mediation],
  - [3) proposal on the place and format of the meetings],
  - [4) proposal on the requirements for the mediator to be appointed by the AMCA].

## II. PARTIES TO MEDIATION

### 1. Party 1

Name

Surname (only for natural persons)

Date of Birth (only for natural persons)

Residence address (in case of legal entity, specify the business address)

Address for notification

Telephone Number

Email address

Other means of communication

Representative of Party 1 (if applicable)

Name

Surname

Date of Birth

Advocate’s License Number (if available)

Business Address

Address for notification

Telephone Number  
Email address  
Other means of communication

*(In the case of several representatives, fill in for all)*

2. Party 2

Name  
Surname (only for natural persons)  
Date of Birth (only for natural persons)  
Residence address (in case of legal entity, specify the business address)  
Address for notification  
Telephone Number  
Email address  
Other means of communication

Representative of Party 2 (if applicable)

Name  
Surname  
Date of Birth  
Advocate's License Number (if available)  
Business Address  
Address for notification  
Telephone Number  
Email address  
Other means of communication

*(In the case of several representatives, fill in for all)*

*(In the case of several parties to mediation, fill in for all)*

### **III. DESCRIPTION OF THE DISPUTE**

1. (Description of the dispute between the parties to mediation` background, facts abd other relevant information)
2. (If applicable and if possible, also the estimation of the monetary value of the subject of the dispute)

#### IV. OTHER PROCEDURES

1. (Information about resorting or possible agreement on resorting to settlement procedure(s) other than mediation for the resolution of the dispute, such as court, arbitration, negotiations, etc.,).

#### V. ADDITIONAL INFORMATION (filled in only in case of availability of relevant additional information)

1. The parties to mediation determined a [specify the reasonable time period] for the conduct of mediation (in the absence of agreement indicate the preferred time period).
2. The parties to mediation wish to conduct the entire mediation in [Armenian].
3. The preferred place of mediation for the parties is [the location of activity of the AMCA].
4. The parties to mediation prefer to conduct mediation in the format of [joint meetings] [separate meetings] [specify other requirements for the format].
5. The mediation parties jointly propose [indicate the details of the mediator] as a mediator in their case. [Although the parties to the mediation do not have a joint candidate for a mediator, they want the mediator in their case to have the following qualities (specify the requirements for the mediator)].

#### [OPTIONAL] DOCUMENTS SUBMITTED WITH INQUIRY FOR MEDIATION

	Document type/details	Pages
1.		
2.		
3.		
...		

**Respectfully submitted,**

**[Name, surname of the Inquirer(s)]**

**Signature**

(Date and place of Inquiry for Mediation)