

# BERKSHIRE COUNTY REGIONAL HOUSING AUTHORITY

1 FENN STREET, 4<sup>th</sup> Floor – PITTSFIELD, MASSACHUSETTS 01201  
(413) 443-7138 FAX (413) 443-8137  
www.bcrha.com

## Request to Initiate Mediation – Transmittal Form

**SEND THIS COMPLETED REQUEST TO INITIATE MEDIATION TRANSMITTAL FORM TO:**

Berkshire County Regional Housing Authority  
1 Fenn St. 4<sup>th</sup> Floor  
Pittsfield, MA 01201

Phone (413) 443-7138 X223 – Fax (413) 443-8137

Date Filed: \_\_\_\_\_

### 1. NAMES OF ALL PARTIES TO THE DISPUTE

_____	_____
_____	_____
_____	_____

### 2. PARTY REQUESTING MEDIATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ Buyer    ☐ Seller    ☐ Broker    ☐ Salesperson    ☐ Builder/contractor    ☐ Other

Professional Liability Insurance Company: \_\_\_\_\_

Name of Legal Counsel or other Representative: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Counsel Address: \_\_\_\_\_

Counsel Phone: \_\_\_\_\_ Counsel Fax: \_\_\_\_\_

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### 3. OTHER PARTIES

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer ☐ Seller ☐ Broker ☐ Salesperson ☐ Builder/contractor ☐ Other

Professional Liability Insurance Company (if known): \_\_\_\_\_

Name of Legal Counsel or other Representative (if known): \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Counsel Address: \_\_\_\_\_

Counsel Phone: \_\_\_\_\_ Counsel Fax: \_\_\_\_\_

\* \* \*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer ☐ Seller ☐ Broker ☐ Salesperson ☐ Builder/contractor ☐ Other

Professional Liability Insurance Company (if known): \_\_\_\_\_

Name of Legal Counsel or other Representative (if known): \_\_\_\_\_

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Counsel Phone: \_\_\_\_\_ Counsel Fax: \_\_\_\_\_

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## 4. BRIEF DESCRIPTION OF CLAIM:

5. AMOUNT OF MONEY INVOLVED: \$ \_\_\_\_\_

## 6. COURT PLEADINGS:

Have there been any formal court pleadings filed in this case? ☐ Yes ☐ No

If yes, are there any trial dates or time limitations involved? ☐ Yes ☐ No

Date \_\_\_\_\_ Court \_\_\_\_\_

County \_\_\_\_\_ Judge \_\_\_\_\_

Court Case # \_\_\_\_\_

## 7. AUTHORITY

Do you have authority to enter into and sign a binding written agreement to settle this on behalf of the party you represent? ☐ Yes ☐ No

Comment: \_\_\_\_\_

## 8. INFORMATION

Do you need additional information from another attorney? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

## 9. PRIOR MEDIATION

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Has a prior agreement to mediate been signed by the parties? ☐ Yes ☐ No

If yes, please attach copy of the signed agreement.