

ADR Mediation/Arbitration Request

In The Matter of:

My office will conduct private alternative dispute resolution services including either non-binding or binding mediation or arbitration services under the following terms and conditions:

Service Requested: Binding Arbitration Mediation

Location Preferred: Claimant's Counsel's office
 Respondent's Counsel's office

Submitted by: Claimant Respondent

Factual Basis of Claim: (include date of injury or onset of occupational disease; describe incident(s); dates of employment; dates and names of insurance coverage; type of employment; is this an accepted claim - all or part; what is average weekly wage, compensation rate; what benefits paid to date; what benefits disputed etc...)

Nature of Dispute (be specific):

Submitting Parties Allegations:

Claim or Relief Sought:

Witness and Evidentiary List

Fee Agreement:

It is hereby stipulated and agreed between the parties to the above entitled mediation/arbitration:

1. Angelo Paul Sevarino, Esq. in this proceeding shall be compensated for his services at the per diem rate of \$1500.00 per ADR session with each session lasting up to six (6) hours and that said compensation shall be payable in advance of the scheduled ADR session.

2. Responsibility of payment to Angelo Paul Sevarino rests with:

Claimant's Counsel

Respondent's Counsel

Claimant and Respondent Counsel on a 50/50 pro rata basis

3. Attorney Sevarino's tax ID number is 06-1399474

4. Please enclosed the required initial \$1,500.00 fee, sign and return this form to:

Law Offices of Angelo Paul Sevarino
26 Barber Hill Road
Broad Brook, CT 06016

Claimant's Representative
Date:

Respondent's Representative
Date: