

## FAMILY MEDIATION PROCEDURE RULES REQUEST FOR MEDIATION

Singapore Mediation Centre  
1 Supreme Court Lane, Level 4  
Singapore 178879  
Tel: (65) 6332 4366 Fax: (65) 6333 5085  
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<b>FAMILY MEDIATION PROCEDURE RULES REQUEST FOR MEDIATION</b>	
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<p>The Applicant(s) and the Respondent(s) request for mediation under the prevailing SMC Family Mediation Procedure Rules ("<a href="#">Rules</a>") 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)</p> <p><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> <p>_____</p>	
<b>IMPORTANT NOTES</b>	
<ol style="list-style-type: none"> <li>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.</li> <li>2. Please copy all the parties to the dispute when sending the Request for Mediation to SMC.</li> <li>3. A non-refundable filing fee shall be payable pursuant to Rule 13 of the Rules.</li> </ol>	
<b>DETAILS OF PROCEEDINGS (if any)</b>	
Suit Number: <i>(if applicable)</i>	
<b>APPLICANT(S)</b>	
<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	
<b>Applicant(s) Contact Particulars</b>	
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>	
<b>Legal Representative(s) Contact Particulars (if any)</b>	
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]	
<b>AVAILABLE DATES FOR MEDIATION</b>	
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:	
<b>MEDIATOR PREFERENCES</b>	
<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]:	
<b>APPLICANT(S) SIGNATURE</b>	
Name and Signature:	
Date:	
<b>RESPONDENT(S) SIGNATURE</b>	
Name and Signature:	
Date:	