STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY – REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
3300 West Sahara Avenue, Suite 350, Las Vegas, Nevada 89102
(702) 486-4480 / Toll free: (877) 829-9907 / Fax: (702) 486-4520
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ALTERNATIVE DISPUTE RESOLUTION (ADR) CLAIM FORM

Date: _____ **Signature of Claimant or Attorney**: _____

***Only one claimant per claim form is allowed for tracking purposes.**

Claimant: _____

**If individual, provide full name as it appears with the assessor's office to verify that you are a Unit Owner. If an Association, provide COMPLETE Association name as it appears on the Secretary of State's website.*

Law Firm and Attorney (if applicable): _____

Please provide the name of the law firm and the name of the attorney. An attorney is not required.

Mailing Address: _____

Street and number, city, state, and zip code

Phone Number: _____ Fax Number: _____ Email Address: _____

Respondent: _____

**If individual, provide full name. If an Association, provide COMPLETE Association name as it appears on the Secretary of State's website.*
Please list only one party. Attach an Additional Respondent Form 520B if there is more than one Respondent.

Mailing Address: _____

Street and number, city, state, and zip code

Phone Number: _____ Fax Number: _____ Email Address: _____

PLEASE SELECT YOUR METHOD OF RESOLUTION: ☐ Mediation ☐ Referee Program*

*Claims involving multiple parties may be excluded from the Referee Program.
**If all parties agree to the Referee Program, the cost will be fully subsidized by the Division, if funds are available.

☐ Yes ☐ No Has the above-listed Claimant filed an Intervention Affidavit (Form 530) regarding the same or similar issues? ***If yes, provide the file number(s):*** _____

INITIAL

☐ I have read and agree to the policies stated in the ADR Overview (Form 523).

☐ I acknowledge that if an Intervention Affidavit (Form 530) has been filed with the Division based upon the same issues, by filing an ADR claim; the Division will not move forward with investigating the Intervention Affidavit pursuant to NAC 116.630.

☐ If the Referee Program is selected, and the Respondent choses Mediation, the claim will default to mediation.

For office use only

Receipt Number: _____ Claim Number: _____ Date Received: _____

Address of unit related to this claim:

- Your explanation must start below. You may attach additional pages, if more space is needed. Please, do not write "SEE ATTACHMENT" in the space below IT IS NOT ACCEPTABLE.
- If this claim is being filed based on a referral from the Intervention process, please ensure that you explain the issue below. Do not refer to your original complaint.

IDENTIFY THE SECTION OF GOVERNING DOCUMENTS PERTAINING TO THE DISPUTE:

In order for the claim to be considered filed, the following must be submitted, if applicable.

Please indicate that you acknowledge and will follow through with completing each of the items below. Initial that the following steps have been completed:

INITIAL

Forms:
One (1) Original Claim Form (Form 520) and supporting documents
One (1) copy of the Claim Form and supporting documents

NONREFUNDABLE Filing Fee of $50.00 payable to "NRED" in the form of:

- Cash (exact change; please do not mail cash)
- Check
- Money Order

I acknowledge that the Subsidy Application will ONLY be accepted and reviewed prior to the claim being assigned to a Mediator or Referee.

INITIAL ONE

ADR Subsidy Application for Mediation (Form 668). Subsidy is awarded based on the following:
For a Unit Owner, once during each fiscal year of the State for each unit owned.
For an Association, once during each fiscal year of the State for each unit located within each individual association. Association must be "in good standing" with Secretary of State and Office of the Ombudsman.

I acknowledge that the Claimant will **NOT** be applying for Subsidy for this claim.

SERVING THE CLAIM

Please be advised, the Claimant will be responsible to have the Respondent(s) served within **45 days** from the date the Division processes the Claimant's 520 claim form. The packet will contain instructions on how to serve the claim.

The packet that the Claimant will receive in the mail will contain:

- A claim opening letter (keep this letter for your records).
- A receipt for **the non-refundable** $50.00 filing fee (keep for your records).
- Affidavit of Services Form
  - This form must be filled out by the person that serves the claim.
  - The form **MUST** be notarized and returned to the Division within 10 days of the claim being served.
  - The packet cannot be served by anyone associated with the claim.

The following items from the packet are required to be served:

- ADR Overview, Form 523
- Copy of the claim that was processed, Form 520
- A blank Response, Form 521
- A blank Subsidy Application, Form 668

- *If the Claimant listed more than one Respondent on the Claim Form (520). The Claimant will be responsible to make copies of the packet, so that each Respondent can be served.*
- ***One (1) Affidavit of Service must be notarized and submitted for each Respondent listed on the Claim Form 520 or the Additional Response Form 520B.***
- *Pursuant to NAC 38.350(2)(a) – The Affidavit of Service* **MUST** *be submitted to the Division within 10 days of being served.*

INITIAL

☐ **I acknowledge that all forms listed above will be served pursuant to NRS 38.320.**

☐ **I acknowledge that if the claim is not served within the timeframe set forth by Nevada Administrative Code (NAC) 38.350 (1), the claim will be closed.**

☐ **I acknowledge if the Affidavit of Service (AOS) is not submitted to the Division within the timeframe set forth by Nevada Administrative Code (NAC) 38.350 (2)(a), the Division has the authority to close the claim.**

How service must be made:

- **Service on a Nevada Corporation:** Service shall be made upon the president or other corporate head, secretary, cashier, managing agent or resident agent. However, if this is not possible, then upon the Secretary of State in the manner described in Rule 4 of the Nevada Rules of Civil Procedure.
- **Service on a Non-Nevada Corporation:** Service shall be made upon the agent designated for service of process, in Nevada, or its managing agent, business agent, cashier, or secretary within this State. However, if this is not possible, then upon the Secretary of State in the manner described in Rule 4 of the Nevada Rules of Civil Procedure.
- **In all other cases (except service upon a person of unsound mind, or upon a city, town or county):** Service shall be made upon the respondent personally, or by leaving copies at his dwelling house or usual place of abode with some person of suitable age and discretion then residing therein, or by delivering a copy of the summons and complaint to an agent authorized by appointment or by law to receive service of process.
- **If all the above are not possible because of the absence from the state or inability to locate the respondent: An *Affidavit of Due Diligence* can be provided to the Division. If the Division determines adequate efforts were made to serve the respondent(s), the Division will provide a letter to the claimants acknowledging their unsuccessful efforts to participate in the ADR program.**

"Service by Publication" is not a valid form of service for the ADR Program.

The following is a listing of the Mediators and Referees for the Alternative Dispute Resolution program. Before making your selection, you may view the resumes of the Mediators and Referees, and their location availability.

- If the parties do not agree on the selection of Mediator or Referee, the Division will assign a Mediator/Referee at random.
- ***This is a requirement, please indicate the Mediator/Referee by initialing next to the party selected.***

MEDIATOR LISTING

- ☐ Donald Lowrey, PLLC*
- ☐ Natalie Lehman*
- ☐ Yan (Tina) Zhang*
- ☐ Janet Trost, Esq*
- ☐ Eric Dobberstein, Esq*
- ☐ Miriam E. Rodriguez, Esq., LL.M.*

REFEREE LISTING

- ☐ Janet Trost, Esq*
- ☐ Donald Lowrey, PLLC*
- ☐ Natalie Lehman*
- ☐ Miriam E. Rodriguez, Esq., LL.M.*

Choose up to 3 Mediator(s) / 2 Referee(s)

* *Mediator/Referee available for virtual proceedings for Northern Nevada residents.*

Once a claim has been received and processed by the Division an opening packet will be mailed out to the mailing address provided on page 1 of this form. This packet will include instructions on the next step in this process (serving the claim).

Submit the required forms and documents to:

Nevada Real Estate Division
ADR Facilitator
3300 West Sahara Avenue, Ste. 350
Las Vegas, NV 89102