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, NV 89102
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CICOmbudsman@red.nv.gov http://www.red.nv.gov

ALTERNATIVE DISPUTE RESOLUTION (ADR) RESPONDENT FORM

Please review the ADR Overview, Form 523, prior to completing this form.

NOTE: Referee and arbitration decisions are public records and will be published on the Division's website. Parties that participated in a referee hearing or arbitration resulting in a decision can request, in writing to the Division to have their identifying information (name, address, phone number) redacted from the decision that is published.

Date: _____ Signature of Respondent or Attorney: _____

Claim Number: _____
Located at the bottom of the Claim Form

Respondent:_____
If individual, provide full name. If an Association, provide COMPLETE Association name as it appears on the Secretary of State's website.

List only one Respondent per Response Form 521.

Law Firm and Attorney (if applicable): _____
Provide the name of the law firm and the name of the attorney. An attorney is not required.

Contact Address: _____
Street and number, city, state, and zip code

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

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

* Please Note: If Claimant has elected to participate in the Referee Program, you must also agree; otherwise, the claim will be submitted to Mediation.

INITIAL

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

☐ I mailed a copy of this Respondent Form and any supporting documents to the Claimant at the address on the Claim Form. Date packet was mailed: _____

☐ I agree to use the mediator/referee identified by the Claimant on page 4 of the Claim Form.
Mediator/Referee listed on Claim Form: _____

INITIAL IF APPLICABLE

☐ I disagree with the mediator(s)/referee(s) identified by the Claimant on page 4, Mediator(s)/Referee(s) listed on Claim Form: _____, therefore, I agree to have the Division assign the mediator/referee at random.

FOR DIVISION USE ONLY

Receipt Number: Claim Number: Date Received:

PROVIDE A BRIEF STATEMENT PERTAINING TO THE NATURE OF THE DISPUTE

- "SEE ATTACHMENT" IS NOT ACCEPTABLE. Your explanation must start on this page. You may attach additional pages, if more space is needed.

For the claim to be considered filed, the following must be submitted, if applicable. *Please indicate by initial that the following steps have been completed:*

INITIAL

☐ Forms:
One (1) Original Response Form #521 and supporting documents
One (1) copy of the Response Form and supporting documents

☐ ***NONREFUNDABLE*** Filing Fee of $50.00 payable to "NRED" in the form of:
- Money (exact change; Please do not mail cash)
- Money Order
- Check

☐ I acknowledge that the Subsidy Application will ONLY be accepted, and reviewed, prior to the claim being assigned to a Mediator/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. ***If you are granted subsidy, the Division will notify you through your assignment letter.***

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

Once the Division processes your Respondent Form, the Division will assign a mediator or a referee, based on the information supplied in this form.

Once a mediator or referee has been assigned, all communications are to be directed to the assigned individual.