

REQUEST AND AGREEMENT TO ARBITRATE (NONMEMBER)

1. The undersigned agrees and wants to submit to arbitration before a Hearing Panel of the REALTORS® Association of Northwestern Wisconsin with the understanding that the arbitration will be conducted pursuant to the *Code of Ethics and Arbitration Manual* of the Association (or, alternatively, "in accordance with the professional standards procedures set forth in the Association's Bylaws"). The undersigned acknowledges having had the opportunity to review the Association's procedures or having been provided with a copy of the procedures.
2. I am informed that each person named below is a member in good standing of the Association (or Participant in its MLS), or was a member of said Association of REALTORS® at the time the dispute arose.
3. A dispute arising out of the real estate business as defined by Article 17 of the Code of Ethics exists between me and (list all persons and/or firms you wish to name as respondents to this arbitration):

_____, REALTOR® principal _____
(Name) (Address)

_____, REALTOR® principal _____
(Name) (Address)

(Firm) (Address)

4. There is due, unpaid and owing to me (or I retain) from the above-named persons the sum of \$ _____. My claim is predicated upon the statement attached, marked Exhibit 1 and incorporated by reference into this application.

5. The undersigned confirms that execution of this Agreement is wholly voluntary and, pursuant to this Agreement, agrees and promises to abide absolutely by the award of the Hearing Panel and, in the event of adverse decision, to make prompt compliance and to pay the fees and costs as provided by the Associations's professional standards procedures.

6. I enclose my check in the sum of \$ 250.00 for arbitration filing fee.*

7. I understand that I may be represented by legal counsel, and that I should give written notice no less than 15 days before the hearing of the name, address and phone number of my attorney to all parties and the Association. Failure to provide this notice may result in a continuance of the hearing, if the Hearing Panel determines that the rights of the other party(ies) require representation.

Each party must provide a list of the names of witnesses he intends to call at the hearing to the Association and to all other parties not less than fifteen (15) days prior to the hearing. Each party shall arrange for his witnesses to be present at the time and place designated for the hearing.

8. Under the penalties of perjury, I declare that this application and the allegations contained herein are true and correct to the best of my knowledge and belief and this request for arbitration is filed within one hundred eighty (180) days after the closing of the transaction, if any, or within one hundred eighty (180) days after the facts constituting the arbitrable matter could have been known in the exercise of reasonable diligence, whichever is later.

9. If either party to an Arbitration Request believes that the Review Panel has incorrectly classified the issue presented in the request (i.e., mandatory or voluntary), the party has 15 days from the date of the receipt of the Review Panel's decision to file a written appeal of the decision. Only those materials that the Review Panel had at the time of its determination may be considered with the appeal by the Board of Directors.

10. Are the circumstances giving rise to this arbitration request the subject of civil litigation? ____ Yes ____ No

*Not to exceed \$500

11. I am willing to participate in Mediation ____ Yes ____ No. In the event Mediation does not produce a resolution of this dispute, I understand that this request for arbitration will be processed by the Professional Standards Committee in normal course.

12. In the event this matter is scheduled for a hearing before an Arbitration Hearing Panel, I hereby waive my right to 21 days notice of the date and time of the hearing and request the hearing be scheduled as soon as possible. ____ Yes ____ No.

Dated: _____ at _____

Complainant(s):

Signature of Complainant

Signature of Complainant

Name (Type or Print)

Name (Type or Print)

Street Address

Street Address

City State Zip Code

City State Zip Code

Phone: (____) _____

Phone: (____) _____