



CONSTRUCTION DISPUTE RESOLUTION SERVICES, LLC

SPECIALIZING IN MEDIATION & ARBITRATION & DISPUTE REVIEW BOARDS

4 Toro Lane,  
Santa Fe, NM 87508

New Mexico: 505-473-7733 Toll Free: 888-930-0011  
Fax Phone: 505-474-9061 Email: cdrs@cdrsllc.com  
Website: www.constructiondisputes-cdrs.com

## **HOME WARRANTY REQUEST FOR DISPUTE RESOLUTION SERVICES**

Revised 12/15/16

As a homeowner with a Home Warranty Policy on our residence, we would like to request the following services from Construction Dispute Resolution Services, LLC:

### **BINDING ARBITRATION**

Home Warranty Company File # \_\_\_\_\_ Effective Date of Warranty \_\_\_\_\_

Claimant's name(s) \_\_\_\_\_  
Company name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Claimant's attorney \_\_\_\_\_  
Attorney's firm \_\_\_\_\_  
Attorney's email \_\_\_\_\_  
Attorney's telephone \_\_\_\_\_ Fax \_\_\_\_\_

Respondent's name(s) \_\_\_\_\_  
Company name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Office phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Respondent's Attorney \_\_\_\_\_  
Attorney's Firm \_\_\_\_\_  
Attorney's email \_\_\_\_\_  
Attorney's telephone \_\_\_\_\_ Fax \_\_\_\_\_

**PLEASE USE AN ADDITIONAL PARTY ADDENDUM IF THERE ARE ADDITIONAL CLAIMANTS OR RESPONDENTS**

Please describe the nature of the controversy and/or the construction deficiencies or disputed issues that are involved in the construction project:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please describe the remedies and/or solutions to the controversial issues, deficiencies or issues listed above that you feel are fair and equitable to settle the matters described above:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

\_\_\_\_\_  
DATE

.....  
**PLEASE SEND THIS FORM, ALONG WITH THE \$350.00 (\$600.00 FOR ARBITRATIONS IN CALIFORNIA AND MARYLAND) NON-REFUNDABLE FILING FEE, PAYABLE TO CDRS, TO YOUR WARRANTY COMPANY.**