



Arbitrators' and Mediators' Institute of New Zealand Inc

Te Mana Kaiwhakatau, Takawaenga o Aotearoa

REQUEST AN APPOINTMENT

Please complete the below form and return to institute@aminz.org.nz along with any additional supporting documentation

CLAIMANT'S DETAILS *

First

Last

Contact Person*

Address for Service

Street Address

Address Line 2

City

Region / State / Province

Postcode

Country

Email*

Phone*

RESPONDENT'S DETAILS*

First

Last

Contact Person*

Address for Service

Street Address

Address Line 2

City

Region / State / Province

Postcode

Country

Email*

Phone*

Other parties' details (if any)

Please list any other parties, including their contact details

THE DISPUTE

Type of Dispute Resolution Professional?

- | | | |
|-----------------------------------|--|---|
| <input type="radio"/> Adjudicator | <input type="radio"/> Expert | <input type="radio"/> Mediator |
| <input type="radio"/> Arbitrator | <input type="radio"/> Family Law Arbitrator | <input type="radio"/> Negotiator |
| <input type="radio"/> Conciliator | <input type="radio"/> Family Disputes Resolver | <input type="radio"/> Other Dispute Resolution Professional |

Has the other party been notified of the Dispute?

- Yes No

What is the nature of the Dispute? *

Please provide a brief background to the dispute. (AMINZ will require documentation relating to the dispute).

Are there any pre-conditions to be met prior to an Appointment being made? *

Eg. that the parties must have negotiated a settlement in good faith

Any requests the parties may have for the Appointment *

Eg. Location of the Dispute Resolution Professional

Further information

Is there anything further that we may need to know?

Please submit this form alongside supporting documentation in relation to the dispute via institute@aminz.org.nz.