

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR OWNERS IN
COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
2501 East Sahara Avenue, Suite 202
Las Vegas, Nevada 89104-4137
Telephone: 702-486-4480 • Facsimile: 702-486-4520
Statewide Toll Free Telephone: 877-829-9907
CICombudsman@red.state.nv.us
www.red.state.nv.us

**ALTERNATIVE DISPUTE RESOLUTION (ADR)
CLAIM FORM**

Date: _____

Signature of Claimant (If Homeowner, must be owner of record.)

If Association, provide the Nevada Secretary of State File Number (<https://esos.state.nv.us/SOSServices/AnonymousAccess/CorpSearch/CorpSearch.aspx>)

Claimant: _____
If individual, provide full name. If Association, provide COMPLETE Association name

Contact Address: _____
Street City State Zip Code

Contact Phone: _____ Fax: _____ E-Mail: _____

Signature of Additional Claimant (If Homeowner, must be owner of record.)

If Association, provide the Nevada Secretary of State File Number (<https://esos.state.nv.us/SOSServices/AnonymousAccess/CorpSearch/CorpSearch.aspx>)

Additional Claimant: _____
If individual, provide full name. If Association, provide COMPLETE Association name

Contact Address: _____
Street City State Zip Code

Contact Phone: _____ Fax: _____ E-Mail: _____

Attach Additional Claimant Form (# 520A) if more than one Additional Claimant

If Association, provide the Nevada Secretary of State File Number (<https://esos.state.nv.us/SOSServices/AnonymousAccess/CorpSearch/CorpSearch.aspx>)

Respondent: _____
If individual, provide full name. If Association, provide COMPLETE Association name

Contact Address: _____
Street City State Zip Code

Contact Phone: _____ Fax: _____ E-Mail: _____

Attach Additional Respondent Form (# 520B) if more than one Respondent

“SEE ATTACHMENT” IS NOT ACCEPTABLE. PROVIDE A SPECIFIC STATEMENT OF THE NATURE OF THE DISPUTE. PROVIDE ANY SUPPORTING DOCUMENTS NOT REFERENCED BELOW. PROVIDE FACTS WHICH SUPPORT YOUR DISPUTE AND AN EXPLANATION OF YOUR POSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY: _____

This form must be completed before being submitted. Include a \$50.00 check or money order payable to “NRED”.

Provide complete copies of the following documents. Include original and any amended versions. Identify by page and section, portions of these documents that concern the issue(s) in dispute.

The declaration for the common-interest community and any amended declaration (CC & R)

Rules and Regulations

Bylaws

Other relevant documents

Select one of the three desired methods of Alternative Dispute Resolution:

Mediation

Non-Binding Arbitration

Binding Arbitration

*Return to: Nevada Real Estate Division, 2501 East Sahara Avenue, Suite 202, Las Vegas, Nevada 89104-4137. You will receive, within seven to ten days, an instruction packet regarding the next step in this process. **This submission will not be considered received unless this completed form, any additional participant forms, the filing fee, statement describing the issues involved, and copies of the above mentioned governing documents have all been received.***

Date Received: Claim Number: Receipt Number:

PLEASE NOTIFY US IF YOU NEED ASSISTIVE DEVICES, INTERPRETERS, OR ALTERNATIVE FORMATTED MATERIAL.