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)
RESPONDENT FORM

Date: _____

_____ _____
Signature of Respondent (**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)

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

Contact Address: _____
Street City State Zip Code

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

"SEE ATTACHMENT" IS NOT ACCEPTABLE. PROVIDE YOUR RESPONSE TO EACH OF THE CLAIMS SERVED ON YOU IN THIS MATTER. PROVIDE ANY SUPPORTING DOCUMENTS NOT REFERENCED BELOW. PROVIDE FACTS WHICH SUPPORT YOUR RESPONSE 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, NV 89104-4137. Per Nevada Revised Statute (NRS) 38.320(4), Respondents are required to fill out this form, and submit it along with supporting documentation within thirty (30) days after date of service. ***This submission will not be considered a response unless this completed form, any additional participant forms, filing fee, statement responding to the issues involved, and copies of the above-mentioned governing documents have been received.***

Date Received: _____ Claim Number: _____ Receipt Number: _____

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