

The undersigned parties (collectively, the “Parties”) hereby agree to submit the following controversy to CPR’s confidential Dispute Resolution Planning process. Any details of this process shall remain confidential, and no work product shall be disclosed to anyone who is not a party to this agreement or involved in the dispute resolution design process and under obligations of strict confidentiality.

Signature of Party 1 (may be signed by a representative):  Date:	Signature of Party 2 (may be signed by a representative):  Date:
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Please fill out the following information to assist CPR and the Facilitator in setting up your Dispute Resolution Planning sessions.

<b>Information regarding the dispute</b>
Briefly describe the nature of the dispute:          (Please continue on a separate page if necessary)
Any information regarding possible deadlines, proposed budgets, key issues to be resolved or key stakeholders involved?          (Please continue on a separate page if necessary)
Have the parties attempted any dispute resolution prior to this process, please describe:          (Please continue on a separate page if necessary)

<b>Availability for initial meetings</b>
Please specify any dates or timeframes during which the parties are available to speak with the Facilitator:          

**Parties' contact information:**

Please provide information regarding the parties seeking Dispute Resolution Planning. If there are additional parties, please use a separate page.

Party 1		
Name of Party 1:		
Address:		
City:	State/Province/Country:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if applicable):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province/Country:	Zip Code:
Phone No.:		
Email Address:		
Please provide any additional parties/persons:		
Party 2		
Name of Party 2:		
Address:		
City:	State/Province/Country:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if applicable):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province:	Zip Code:
Phone No.:	Fax No.:	
Email Address:		

**Disclosure of Conflicts**

So that we can make sure that the Facilitator has no conflicts of interest and is able to handle this matter independently, impartially, and neutrally, please list below any other people or companies that have been involved in this dispute or are likely to participate in resolving this matter (including the names of any firms or counsel likely to be involved).

Party 1	Party 2

To submit your request for Initiation of the Dispute Resolution Planning Process, please visit [drs.cpradr.org/file-a-case](https://drs.cpradr.org/file-a-case). Dispute Resolution Planning is an option under “Special DRS Services” in the matter intake form. Please upload this document under Step 4, Submission Agreement.