

**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, NV 89104-4137  
(702) 486-4480 \* Toll free: (877) 829-9907  
E-mail: [CICOmbudsman@red.state.nv.us](mailto:CICOmbudsman@red.state.nv.us)      <http://www.red.state.nv.us>

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant (if Homeowner, must be owner of record)

<https://esos.state.nv.us/SOSServices/AnonymousAccess/CorpSearch/CorpSearch.aspx>

If filed on behalf of Association, provide the Entity Number as it appears on the Secretary of State's website.

**Attach Additional Claimant Form (#520A) if there is more than one Claimant.**

**Claimant:** \_\_\_\_\_

If individual, provide full name. If an Association, provide COMPLETE Association name as it appears on Secretary of State's website.

**Contact Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Contact Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Attach Additional Respondent Form (#520B) if there is more than one Respondent.**

<https://esos.state.nv.us/SOSServices/AnonymousAccess/CorpSearch/CorpSearch.aspx>

If Association, provide the Entity Number as it appears on the Secretary of State's website.

**Respondent:** \_\_\_\_\_

If individual, provide full name. If an Association, provide COMPLETE Association name as it appears on Secretary of State's website.

**Contact Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Contact Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

Select one of the three methods of Alternative Dispute Resolution:

\_\_\_\_\_ Mediation

\_\_\_\_\_ Non-Binding Arbitration

\_\_\_\_\_ Binding Arbitration

*The description of each can be found in ADR Overview, Form #523.*

**For office use only:**

Receipt number: \_\_\_\_\_ Claim number: \_\_\_\_\_ Date received: \_\_\_\_\_

*For office use only:*

Claimant: \_\_\_\_\_ Respondent: \_\_\_\_\_ Claim Number: \_\_\_\_\_

**“SEE ATTACHMENT” IS NOT ACCEPTABLE. Your explanation must start on this page. You may attach additional pages, if more space is needed.**

PROVIDE A BRIEF STATEMENT PERTAINING TO THE NATURE OF THE DISPUTE:

PROVIDE A BRIEF STATEMENT OF THE FACTS:

IDENTIFY THE LAW AND/OR THE SECTION IN THE GOVERNING DOCUMENTS PERTAINING TO YOUR DISPUTE:

*This submission will not be considered as “filed” unless all of the following are submitted:*

\_\_\_\_\_ **One (1) original AND two (2) copies of the claim form and any documents you wish to submit. (The Mediator/Arbitrator may request additional documents, if needed.)**

\_\_\_\_\_ **A \$50.00 filing fee payable to "NRED" either by check, money order or cash. Cash accepted only if hand delivered.**

Return to:  
Nevada Real Estate Division  
2501 East Sahara Avenue, Suite 202  
Las Vegas, Nevada 89104-4137

**An instruction packet pertaining to the next step in the process will be mailed to the address proved within 7 to 10 business days.**