# Dispute Resolution

## Notice Term Mediation

***Applicant***:

Party Name:

Party’s Representative:

Street Address:

City, Province:

Postal Code:

Telephone Number:

Fax Number:

**and**

***Respondent***:

Party Name:

Party’s Representative:

Street Address:

City, Province:

Postal Code:

Telephone Number:

Fax Number:

**and**

The Secretary, Dispute Resolution Panel

120 Adelaide Street West, Suite 1600

Toronto, Ontario

M5H 1T1

Fax: 416-506-2843

In the Matter of the Mediation of a Dispute Between

*Applicant*(s) [\*\*Party Name\*\*]

and *Respondent*(s) [\*\*Party Name\*\*]

Dispute Number:

**Notice of Termination of Mediation**

I, [\*\*Name of Mediator\*\*], the *mediator* conducting the mediation between [\*\*Name of Applicant\*\*] and [\*\*Name of Respondent\*\*] in respect of the above-captioned dispute:

[ ]  view that further efforts at mediation will not contribute to a resolution of the dispute, and hereby terminate the mediation effective as of the date of this notice.

[ ]  certify that the parties have been unable to resolve the dispute within the time required by section 2.6 of Chapter 3 of the *Market Rules*. Mediation of the dispute was therefore terminated as of [\*\*Date of Termination\*\*].

The parties to the dispute:

[ ] have agreed to a statement of the facts and/or issues relating to the dispute, a copy of which is reproduced as Appendix “A” to this declaration.

[ ]  have, notwithstanding good faith efforts, not arrived at an agreed statement of facts and/or issues relating the dispute.

Dated at the City of      , in the Province/State of      , this       day of      ,      .

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix A

(if applicable)

In the Matter of the Mediation of a Dispute Between

[\*\*Name of Applicant\*\*] and [\*\*Name of Respondent\*\*]

Dispute Number:

Agreed Statement of Facts and/or Issues