# 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