FMC Form-33 OMB Control No. XXXX-XXXX

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| Federal Maritime Commission Dispute Resolution Services Request - Cargo |
| Person Requesting Assistance |
| **Name:**  |
| **Business Name:** |
| **Type of business (check one): \_\_VOCC \_\_NVOCC \_\_FF \_\_\_MTO \_\_ Importer \_\_\_ Exporter \_\_\_ Customsbroker \_\_other** |
| **Current Address:** |
| **City:** | **State/Province:** | **ZIP/Postal Code:** | **Country:** |
| **Preferred Phone Number (9AM-5PM EST):** | **E-Mail:**  |
| **Name of attorney (if any):** | **Attorney’s phone number:** |
| **Attorney’s email address (if any):** |
| Dispute is With |
| **Business Name:** |
| **Address:** |
| **Type of business (check one): \_\_VOCC \_\_NVOCC \_\_FF \_\_\_MTO \_\_ Importer \_\_\_ Exporter \_\_\_ Customsbroker \_\_other** |
| **City:** | **State/Province:** | **ZIP/Postal Code:** | **Country:** |
| **Phone:** | **E-Mail:** | **Fax:** |
| **Have you contacted anyone at this company about your complaint?** |
| **If so, please indicate who:** | **What is the best way to contact:** |
| Nature of Dispute |
| **Type of Shipment (check one): \_ Household Goods \_ Commercial Cargo**  |
| **Import to U.S.?** | **Export from U.S.?** |
| **This dispute is related to (check one): \_\_ Freight rate \_\_Demurrage/Detention/Per diem \_\_ Non-Delivery** **\_\_\_ Loss/damage \_\_\_Other** |
| **If other, please explain:** |
| **Date of transaction:** |
| **Amount in controversy: $** |
| **Desired solution:** |
| **How did you hear about FMC/CADRS?** |
| *Please explain your dispute and attach all relevant documents (e.g.: Bills of Lading, Shipping Contracts, Booking Confirmations, Correspondence, etc…)* |
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| **Affirmation: I understand that the information that I have provided is for the purpose of convening the use of confidential ombuds or mediation services to resolve an ocean shipping dispute. As such, I authorize CADRS to contact the named party(ies) to engage in efforts to seek resolution to this matter. Also, in the event that this matter falls outside of FMC jurisdiction, I authorize CADRS to refer my request for assistance to the appropriate governmental agency possessing jurisdiction over my complaint. Unless otherwise marked confidential in this intake form or attached documents, I authorize CADRS to disclose information provided in the intake form to the other named party(ies) for the purpose of exploring resolution to this dispute. I understand and agree that CADRS’s staff will act as a neutral third party in my ombuds or mediation matter and as such CADRS cannot provide me with legal representation or advice. I also understand and agree that ombuds services and mediation are voluntary processes and that any party and/or CADRS may decline or terminate ombuds or mediation services at any time. I affirm that the information provided in this intake form, to the best of my knowledge, is true and accurate.** |
| **Signature:** | **Date:** |