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…)

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:**