



**ARBITRATION RULES**

(ENTER THE NAME OF THE APPLICABLE RULES)

**Demand for Arbitration**

**MEDIATION:** If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box.   
There is no additional administrative fee for this service.

Name of Respondent			Name of Representative (if known)		
Address:			Name of Firm (if applicable):		
			Representative's Address		
City	State	Zip Code	City	State	Zip Code
Phone No.		Fax No.	Phone No.		Fax No.
Email Address:			Email Address:		

The named claimant, a party to an arbitration agreement dated \_\_\_\_\_, which provides for arbitration under the \_\_\_\_\_ Arbitration Rules of the American Arbitration Association, hereby demands arbitration.

THE NATURE OF THE DISPUTE

Dollar Amount of Claim \$	Other Relief Sought: <input type="checkbox"/> Attorneys Fees <input type="checkbox"/> Interest <input type="checkbox"/> Arbitration Costs <input type="checkbox"/> Punitive/ Exemplary <input type="checkbox"/> Other _____
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AMOUNT OF FILING FEE ENCLOSED WITH THIS DEMAND (please refer to the fee schedule in the rules for the appropriate fee) \$

PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS FOR ARBITRATOR(S) TO BE APPOINTED TO HEAR THIS DISPUTE:

Hearing locale \_\_\_\_\_ (check one)  Requested by Claimant  Locale provision included in the contract

Estimated time needed for hearings overall: _____ hours or _____ days	Type of Business: Claimant _____ Respondent _____
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Is this a dispute between a business and a consumer?  Yes  No  
Does this dispute arise out of an employment relationship?  Yes  No

If this dispute arises out of an employment relationship, what was/is the employee's annual wage range? Note: This question is required by California law.  Less than \$100,000  \$100,000 - \$250,000  Over \$250,000

You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association's Case Management Center, located in (check one)  Atlanta, GA  Dallas, TX  East Providence, RI  Fresno, CA  International Centre, NY, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within the timeframe specified in the rules, after notice from the AAA.

Signature (may be signed by a representative) Date:			Name of Representative		
Name of Claimant			Name of Firm (if applicable)		
Address (to be used in connection with this case):			Representative's Address:		
City	State	Zip Code	City	State	Zip Code
Phone No.		Fax No.	Phone No.		Fax No.
Email Address:			Email Address:		

To begin proceedings, please send two copies of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to the AAA. Send the original Demand to the Respondent.

Please visit our website at [www.adr.org](http://www.adr.org) if you would like to file this case online. AAA Customer Service can be reached at 800-778-7879