

DEMAND FOR ARBITRATION
Before ADR Services, Inc.



TO RESPONDENT (Name) _____

(Address) _____

(City) _____ (State) _____ (Zip) _____

Telephone _____ Fax _____

CLAIMANT: (Name) _____

NATURE OF DISPUTE: Claimant hereby demands that you submit the following dispute to arbitration.

ARBITRATION AGREEMENT: This demand is made pursuant to the arbitration agreement you made, as follows (quote arbitration agreement and attach copy):

CLAIM OR RELIEF SOUGHT (describe):

RESPONSE: You may file response and counter-claim to the claim stated above. Send the original of the response and counter-claim to the Claimant at the address stated below, with copies to Action Dispute Resolution Services.

Select one:

- Designated by clause.
- Please have ADR Services, Inc. provide a list.

Date: _____

Name _____

Signed (Attorney) _____

Address _____

Telephone _____ Fax _____

For more information, please contact ADR Services, Inc.