



To ensure your demand is processed promptly, please file online at www.adr.org/support. Complete this form, provide last known email addresses and include a copy of the Arbitration Agreement, Plan or Contract.

Parties (Claimant)

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

Parties (Respondent)

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

Mediation: If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box

Claim: What was/is the employee/worker's annual wage range? Less than \$100,000 \$100,000-\$250,000 Over \$250,000
Note: This question is required by California law.

Amount of Claim:
Claim involves: Statutorily Protected Rights Non-Statutorily Protected Rights

In detail, please describe the nature of each claim. You may attach additional pages if necessary:

