



Mediation: If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box <input type="checkbox"/> . 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 Construction Industry Rules of the American Arbitration Association, hereby demands arbitration.					
Arbitration Clause: Please indicate whether the contract containing the dispute resolution clause governing this dispute is a standard industry form contract (such as AIA, ConsensusDOCS or AGC) or a customized contract for the specific project.					
Contract Form:					
The Nature of the Dispute:					
Dollar Amount of Claim: \$			Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/ Exemplary Other		
Amount Enclosed: \$ _____ In Accordance with Fee Schedule: Flexible Fee Schedule Standard Fee Schedule					
Please describe appropriate qualifications for arbitrator(s) to be appointed to hear this dispute:					
Hearing Locale Requested:			Project Site:		
Estimated Time Needed for Hearings Overall: _____ hours or _____ days			Specify Type of Business: Claimant Respondent		
You are hereby notified that a copy of our arbitration agreement and this demand are being filed with the American Arbitration Association with a request that it commence administration of the arbitration. The AAA will provide notice of your opportunity to file an answering statement.					
Signature (may be signed by a representative):			Date:		
Name of Claimant:			Name of Representative:		
Address (to be used in connection with this case):			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:		

To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. Send the original Demand to the Respondent.