



To ensure your demand is processed promptly, please complete this form, provide last known email addresses and include a copy of the Arbitration Agreement, Plan or Contract.

<https://www.adr.org/EmploymentForms>

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

Parties (Claimant)

Name of Claimant:

Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Email Address:

Representative's Name (if known):

Firm (if applicable):

Representative's Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Email Address:

Parties (Respondent)

Name of Respondent:

Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Email Address:

Representative's Name (if known):

Firm (if applicable):

Representative's Address:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Email Address:

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:

Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/ Exemplary
Other:

Please describe the qualifications for arbitrator(s) to hear this dispute:

Hearing: Estimated time needed for hearings overall: _____ hours or _____ days

Hearing Locale:
(check one) Requested by Claimant Locale provision included in the contract

Filing Fee requirement or \$300 (max amount per AAA)
Filing by Company: \$2,200 single arbitrator \$2,800 three arbitrator panel

Notice: To begin proceedings, **please send a copy of this Demand and the Arbitration Agreement, along with 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.

Signature (may be signed by a representative): _____ Date: _____

Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the California Arbitration Act, and to all consumer arbitrations conducted in California. Only those disputes arising out of employer plans are included in the consumer definition. If you believe that you meet these requirements, you must submit to the AAA a declaration under oath regarding your monthly income and the number of persons in your household. Please contact the AAA's Western Case Management Center at 1-800-778-7879. If you have any questions regarding the waiver of administrative fees, AAA Case Filing Services can be reached at 877-495-4185. Please visit our website at www.adr.org if you would like to file this case online. AAA Customer Service can be reached at 800-778-7879.