



TO: (1) Name (Property Owner):		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	

Name of Representative (if known):		
Representative's Address:		
City:	State:	Zip Code:
Telephone:	Fax:	

TO: (2) Name (Contractor, if any, against whom the claim is asserted):		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	

Name of Representative (if known):		
Representative's Address:		
City:	State:	Zip Code:
Telephone:	Fax:	

TO: (3) Name (Sub-Contractor, if any, against whom the claim is asserted):		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	

Name of Representative (if known):		
Representative's Address:		
City:	State:	Zip Code:
Telephone:	Fax:	

The claimant named herein demands arbitration in accordance with the New Jersey Construction Lien Law and the AAA New Jersey Residential Construction Lien Arbitration Rules.



Notice and Instructions to Claimant:

1. Attach a copy of the Notice of Unpaid Balance and Right to File Lien and proof of service.
2. If you are submitting the case for determination by document submission only, attach all documents that you wish to submit to the arbitrator for determination of the claim.
3. If you are requesting an oral hearing before an arbitrator, check here and set forth below the names and business affiliation of witnesses you may call at the oral hearing:

Name:	Business Affiliation:

4. Enclose the appropriate filing fee (\$300 for a document submission case, \$525 for an oral hearing case), to be paid to the American Arbitration Association. Please note filing fees presume a case involves only one claimant and one respondent. A fee of \$25 per each additional party is payable by the party adding the additional party.
5. One copy of the demand and one copy of the attachments must be filed with the AAA Case Filing Services at 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. You must simultaneously, by personal service or registered or certified mail, return receipt requested, postage prepaid, serve or mail a copy of the demand for arbitration, including attachments, to the last known business address or place of residence of the owner as listed by you on the first page of this demand, and any, of the contractor and subcontractor against whom the claim is asserted.

Notice and Instructions to Respondent(s)

1. You may file a response by serving one copy of same on the AAA (Case Filing Services) and one copy on all other parties in writing.
2. You may file a setoff or counterclaim by serving one copy of same on the AAA (Case Filing Services) and one copy on all other parties in writing, accompanied by a filing fee of \$300, to be paid to the American Arbitration Association.
3. You may, if the claimant did not request an oral hearing, make a request for an oral hearing by serving same on the AAA (Case Filing Services) and on all other parties in writing, and include the names and business affiliations of witnesses that you may call at the oral hearing, accompanied by an oral hearing surcharge of \$225, to be paid to the American Arbitration Association.



- 4. You are required, if an oral hearing is not requested by any party, to serve one copy on the AAA and one copy on all other parties of all other documents that you wish to submit to the arbitrator.

The above items should be submitted WITHIN FIVE (5) BUSINESS DAYS of the date of the AAA's written notice that it is proceeding with administration of the claim filed in the demand.

Under the Construction Lien Law, the arbitrator must make all required determination WITHIN 30 DAYS of receipt of this demand for arbitration by the AAA. In view of the time limitations established by the Construction Lien Law for completing arbitration, **you are obligated under the arbitration rules to maintain contact with the AAA to stay apprised of the hearing or document submission schedule.**

Full copies of the applicable arbitration rules are available at our website at www.adr.org.

Name of Claimant:		
Address (to be used in connection with this case):		
City:	State:	Zip Code:
Telephone:	Fax:	
Name of Representative:		
Representative's Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Signature (may be signed by a representative):	Title:	