American Arbitration Association

Submission to Resolution Services

The named parties hereby submit the following dispute for resolution, under the rules of the American Arbitration Association:

Procedure Selected:
- [ ] Binding Arbitration
- [ ] Mediation
- [ ] Fact-Finding
- [ ] Other ____________________________

(Restrict)

Rules to Apply:
- [ ] Commercial
- [ ] International
- [ ] Other ____________________________

(Restrict)

Nature and Type of Dispute (attach additional sheets if necessary):
________________________________________________________________________

Amount of Monetary Claim or Nature of Non-Monetary Claim:
________________________________________________________________________

Type of Business: Claimant: ____________________________ Respondent: ____________________________

Place of Hearing or Conference:
________________________________________________________________________

We agree that, if arbitration is selected, we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

To be completed and signed by all parties
(attach additional sheets if necessary, please remember to obtain signatures)

Name of Party

Address

City, State and Zip Code

(____) Telephone

Fax

Email address

Name of the Party’s Attorney or Representative

Name of Firm (if applicable)

Address

City, State and Zip Code

(____) Telephone

Fax

Email address

Signed? (may be signed by a representative) Title

Date:

Name of Party

Address

City, State and Zip Code

(____) Telephone

Fax

Email address

Name of the Party’s Attorney or Representative

Name of Firm (if applicable)

Address

City, State and Zip Code

(____) Telephone

Fax

Email address

Signed? (may be signed by a representative) Title

Date:

Please file two signed copies and the non-refundable filing fee with the AAA.
For additional information, please visit our website at www.adr.org

† Signatures of all parties are required

Form SRS 6/05