

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 Early Neutral Evaluation
 Mediation Mini-Trial
 Fact-Finding
 Other _____
(describe)

Rules to Apply: Commercial Construction
 International Employment
 Other _____
(describe)

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*