



*For Consumer or Employment cases, please visit [www.adr.org](http://www.adr.org) for appropriate forms.*

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.

Name of Respondent:

Address:

City:	State:	Zip Code:
-------	--------	-----------

Phone No.:	Fax No.:
------------	----------

Email Address:

Name of Representative (if known):

Name of Firm (if applicable):

Representative's Address:

City:	State:	Zip Code:
-------	--------	-----------

Phone No.:	Fax No.:
------------	----------

Email Address:

The named claimant, a party to an arbitration agreement which provides for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration.

Brief Description 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 the qualifications you seek for arbitrator(s) to be appointed to hear this dispute:

Hearing locale:

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

Estimated time needed for hearings overall: hours or days



Type of Business:		
Claimant:		Respondent:
Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other?		
Signature (may be signed by a representative):		Date:
Name of Claimant:		
Address (to be used in connection with this case):		
City:	State:	Zip Code:
Phone No.:	Fax No.:	
Email Address:		
Name of Representative:		
Name of Firm (if applicable):		
Representative's Address:		
City:	State:	Zip Code:
Phone No.:	Fax No.:	
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. At the same time, send the original Demand to the Respondent.		