

AMERICAN ARBITRATION ASSOCIATION

ARBITRATION RULES *

(Fill in name of applicable Rules)

DEMAND FOR ARBITRATION DATE: _____

TO: (Name) _____
(of party upon whom the Demand is made)

(Address) _____

(City and State) _____ (Zip Code) _____

(Telephone) _____

Named claimant, a party to an arbitration agreement contained in a written contract,
dated _____, providing for arbitration, hereby
demands arbitration thereunder.
(attach arbitration clause or quote hereunder)

NATURE OF DISPUTE:

CLAIM OR RELIEF SOUGHT: (amount, if any)

TYPE OF BUSINESS:

Claimant _____ Respondent _____

HEARING LOCALE REQUESTED: _____
(City and State)

You are hereby notified that copies of our arbitration agreement and of this demand are being filed with the American Arbitration Association at its _____ Regional Office, with the request that it commence the administration of the arbitration. Under Section _____ of the _____ Arbitration Rules, you may file an answering statement within _____ days after notice from the Administrator.

Signed _____ Title _____
(May Be Signed by Attorney)

Name of Claimant _____

Home or Business Address of Claimant _____

City and State _____ Zip Code _____

Telephone _____

Name of Attorney _____

Attorney's Address _____

City and State _____ Zip Code _____

Telephone _____

To institute proceedings, please send three copies of this Demand with the administrative fee, as provided in the _____ Arbitration Rules, to the AAA. Send original Demand to Respondent.

* If you have a question as to which Rules apply, please contact the AAA.