



Dollar Amount of Claim or Counterclaim \$ \_\_\_\_\_

Hearing locale: \_\_\_\_\_

- ☐ Locale requested by Respondent  
☐ Locale provision included in the contract

Estimated time needed for hearings: \_\_\_\_\_

Signature (may be signed by representative): \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Representative: \_\_\_\_\_

Name of Firm (if applicable): \_\_\_\_\_

Representative's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE SEND TWO COPIES OF THE ANSWERING STATEMENT AND COUNTERCLAIM REQUEST, ALONG WITH A \$200.00 ADMINISTRATIVE/FILING FEE TO FIRST RESOLUTION SERVICES. SEND THE ORIGINAL ANSWERING STATEMENT AND COUNTERCLAIM REQUEST TO THE CLAIMANT.