

ARBITRATION

Answering Statement and Counterclaim Request Before First Resolution Services

Name of Claimant:			
Address:			
City:	State:	Zip:	
Telephone:	Fax:	Email:	
Name of Representative	for Claimant:		
Name of Firm (if applica	ble):		
Representative's Address	:		
City:	State:	Zip:	
Telephone:	Fax:	Email:	
□ Information as to addit	tional Respondent[s] is attac	hed.	
FRS Case # (if known):			
Filing a Counterclaim? Yo	es □ No □		
If yes, please describe nature o	f counterclaim in space below.		
	AIMANT DEMAND FOI APPLICABLE): <i>Attach addit</i>	R ARBITRATION (AND DEstional pages as necessary.	SCRIBE



T | 310.203.8200 F | 310.203.8211 www.DisputeResolution.org

Dollar Amount of Claim or Counte	erclaim \$		
Hearing locale:			
☐ Locale requested by Respondent☐ Locale provision included in the			
Estimated time needed for hearings	s:		
Signature (may be signed by represe	entative):		
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 \$250.00 ADMINISTRATIVE/FILING FEE TO FIRST RESOLUTION SERVICES. SEND THE ORIGINAL ANSWERING STATEMENT AND COUNTERCLAIM REQUEST TO THE CLAIMANT.