

DEMAND FOR ARBITRATION

Before First Resolution Services

Name of Respondent: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Name of Representative for Claimant: _____

Name of Firm (if applicable): _____

Representative's Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Information as to additional Respondent[s] is attached.

Name of Claimant: _____

Representative for Claimant: _____

NATURE OF DISPUTE

Claimant hereby demands that you submit the following dispute to final and binding arbitration (attach any evidence hereto):

ARBITRATION AGREEMENT

This demand is made pursuant to the arbitration agreement which the parties made as follows (attach a copy of entire agreement containing the arbitration clause):

STATEMENT OF CLAIM(S) & RELIEF SOUGHT BY CLAIMANT

RULES OF ARBITRATION

- CA Code of Civil Procedure § 1280 et seq. AAA Commercial Rules
 CA Rules of Court, Rule 3.811 et seq. Other (specify) _____

Hearing locale: _____
(City and State)

- Locale requested by Claimant
 Locale provision included in the contract

Estimated time needed for hearings: _____

Signature of Claimant or Claimant Representative: _____

Print Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Date: ____/____/____ File/Claim Number (if applicable): _____