

## DEMAND FOR ARBITRATION

Before First Resolution Services

Name of Claimant: \_\_\_\_\_

Representative for Claimant: \_\_\_\_\_

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

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

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

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

Information as to additional Claimant[s] is attached.

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

Representative for Respondent: \_\_\_\_\_

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

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

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

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

Information as to additional Respondent[s] is attached.

### NATURE OF DISPUTE

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

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**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):

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**STATEMENT OF CLAIM(S) & RELIEF SOUGHT BY CLAIMANT**

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**RULES OF ARBITRATION**

CA Code of Civil Procedure § 1280 et seq.  
CA Rules of Court, Rule 3.811 et seq.

AAA Commercial Rules  
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's Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ File/Claim Number (if applicable): \_\_\_\_\_

To start proceedings, please send a copy of this Demand and the Arbitration Agreement, along with a \$250.00 filing fee to First Resolution Services, 1875 Century Park East, Suite 600, Los Angeles, CA 90067. Send the original Demand to the Respondent.