



**DEMAND FOR ARBITRATION**  
Before ADR Services, Inc.

TO RESPONDENT (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

CLAIMANT: (Name) \_\_\_\_\_

NATURE OF DISPUTE: Claimant hereby demands that you submit the following dispute to arbitration.

ARBITRATION AGREEMENT: This demand is made pursuant to the arbitration agreement you made, as follows (quote arbitration agreement and attach copy):

CLAIM OR RELIEF SOUGHT (describe):

RESPONSE: You may file response and counter-claim to the claim stated above. Send the original of the response and counter-claim to the Claimant at the address stated below, with copies to ADR Services, Inc.

Select one:

- Designated by clause.
- Please have ADR Services, Inc. provide a list.

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

Name \_\_\_\_\_

Signed (Attorney) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

For more information, please contact ADR Services, Inc.

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