



Mediation: If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box . There is no additional fee for this service.

Form with fields for Name of Respondent, Name of Representative, Address, City, State, Zip Code, Phone No., Fax No., Email Address, Dispute description, Dollar Amount of Claim, Other Relief Sought, Amount enclosed, Fee Schedule, Hearing locale, and Estimated time needed for hearing overall.



Type of Business:			
Claimant:		Respondent:	
You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within fourteen days after notice from the AAA.			
Signature (may be signed by a representative):		Date:	
Name of Claimant:		Name of Representative:	
Address:		Name of Firm (if applicable):	
Address:		Representative's Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	
To begin proceedings, please file online at www.adr.org/fileonline . You will need to upload a copy of this Demand and the Arbitration Agreement, and pay the appropriate fee.			