



AGREEMENT TO BINDING ARBITRATION

Date: _____

CLAIMANT: (Name) _____

RESPONDENT: (Name) _____

NATURE OF DISPUTE: Parties hereby agree to submit the following dispute to binding arbitration.

CLAIM OR RELIEF SOUGHT: (describe)

REQUEST FOR HEARING: ADR Services, Inc. is requested to set this matter for hearing on _____ or at the first available date.

Select one:

- Preferred Arbitrator: _____
- Please have ADR Services, Inc. provide a list.

Claimant or Attorney _____

(Address) _____

(City) _____ (State) _____ (Zip) _____

Telephone _____ Fax _____

Respondent or Attorney _____

(Address) _____

(City) _____ (State) _____ (Zip) _____

Telephone _____ Fax _____

Signature of Claimant _____

Signature of Respondent _____