



DEMAND FOR ARBITRATION

before ADR Services, Inc.

CLAIMANT(S):

Representative/Attorney (if known)	Representative/Attorney (if known)
Name:	Name:
Law Firm:	Law Firm:
Address:	Address:
Telephone:	Telephone:
Facsimile:	Facsimile:
Email:	Email:

RESPONDENT(S):

Representative/Attorney (if known)	Representative/Attorney (if known)
Name:	Name:
Law Firm:	Law Firm:
Address:	Address:
Telephone:	Telephone:
Facsimile:	Facsimile:
Email:	Email:

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

(attach additional pages if necessary)

ARBITRATION AGREEMENT: This demand is made pursuant to the arbitration agreement you made on the instrument described as:

(please attach a copy of the arbitration agreement)

MEDIATION: If mediation in advance of the arbitration is desired, or required, please check here and ADR Services, Inc. will assist the parties in coordinating a mediation proceeding first:

Claimant's Name:	Demand for Arbitration before ADR Services, Inc.
Respondent's Name:	

CLAIM OR RELIEF SOUGHT (describe):

(attach additional pages if necessary)

OTHER RELIEF SOUGHT:

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Attorneys Fees | <input type="checkbox"/> Interest | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Arbitration Costs | <input type="checkbox"/> Punitive / Exemplary | |

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

DEMANDING PARTY'S SIGNATURE (may be signed by an attorney):

Signature

Date

Print Name

Title (if Party is a company)

DIRECTIONS FOR SUBMITTING DEMAND FOR ARBITRATION

1. Please serve a copy of the Demand for Arbitration, pre-dispute Arbitration Agreement, and any additional claim documents to the opposing counsel (if the opposing side is not or not yet represented by counsel, please submit the aforementioned documents to the opposing party).
2. Please include a check payable to ADR Services, Inc. for the required, **non-refundable \$300 Initial Filing Fee** and submit to the appropriate ADR Services, Inc. office along with your Demand for Arbitration.
3. Please submit a copy of the Demand for Arbitration, pre-dispute Arbitration Agreement, and any additional claim documents to the appropriate ADR Services, Inc. office:

Century City / West Los Angeles
1900 Avenue of the Stars, Suite 250
Los Angeles, California 90067
Tel (310) 201-0010 / Fax (310) 201-0016

Downtown Los Angeles
915 Wilshire Boulevard, Suite 1900
Los Angeles, California 90017
Tel (213) 683-1600 / Fax (213) 683-9797

San Francisco / Northern California
50 Fremont Street, Suite 2110
San Francisco, California 94105
Tel (415) 772-0900 / Fax (415) 772-0960

San Diego
225 Broadway, Suite 1400
San Diego, California 92101
Tel (619) 233-1323 / Fax (619) 233-1324

Orange County
19000 MacArthur Boulevard, Suite 550
Irvine, California 92612
Tel (949) 863-9800 / Fax (949) 863-9888

San Jose / Silicon Valley
50 Fremont Street, Suite 2110
San Francisco, California 94105
Tel (415) 772-0900 / Fax (415) 772-0960

4. If you have any questions regarding the Demand for Arbitration or procedures regarding the Binding Arbitration, please feel free to visit our website at www.adrservices.org or contact the filing office above and ask for the "Arbitration Coordinator".