



**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:	<b><i>Demand for Arbitration before ADR Services, Inc.</i></b>
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:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Century City / West Los Angeles</b><br>1900 Avenue of the Stars, Suite 250<br>Los Angeles, California 90067<br>Tel (310) 201-0010 / Fax (310) 201-0016 | <input type="checkbox"/> <b>Downtown Los Angeles</b><br>915 Wilshire Boulevard, Suite 1900<br>Los Angeles, California 90017<br>Tel (213) 683-1600 / Fax (213) 683-9797   |
| <input type="checkbox"/> <b>San Francisco / Northern California</b><br>50 Fremont Street, Suite 2110<br>San Francisco, California 94105<br>Tel (415) 772-0900 / Fax (415) 772-0960 | <input type="checkbox"/> <b>San Diego</b><br>225 Broadway, Suite 1400<br>San Diego, California 92101<br>Tel (619) 233-1323 / Fax (619) 233-1324                          |
| <input type="checkbox"/> <b>Orange County</b><br>19000 MacArthur Boulevard, Suite 550<br>Irvine, California 92612<br>Tel (949) 863-9800 / Fax (949) 863-9888                       | <input type="checkbox"/> <b>San Jose / Silicon Valley</b><br>50 Fremont Street, Suite 2110<br>San Francisco, California 94105<br>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](http://www.adrservices.org) or contact the filing office above and ask for the "Arbitration Coordinator".