

## **DEMAND FOR ARBITRATION**

Before First Resolution Services

Name of Claimant:		
Representative for Claimant:		
Name of Firm (if applicable):		
Address:		
City:	State:	Zip:
Telephone:	Fax:	Email:
□ Information as to additional Cl	aimant[s] is attache	d.
Name of Respondent:		
Representative for Respondent: _		
Name of Firm (if applicable):		
Address:		
City:	State:	Zip:
Telephone:	Fax:	Email:
□ Information as to additional Re	espondent[s] is attac	ched.
NATURE OF DISPUTE Claimant hereby demands that yo arbitration (attach any evidence h		ving dispute to final and binding



T | 310.203.8200 F | 310.203.8211 www.DisputeResolution.org

STATEMENT OF CLAIN	M(S) & RELIEF SOUC	SHT BY CLAIMANT	
RULES OF ARBITRATIO CA Code of Civil Proceed CA Rules of Court, Rule	dure § 1280 et seq.	AAA Commercial Rules Other (specify)	
Hearing locale:			
	(City and State)		
Locale requested by Clai Locale provision include			
Estimated time needed for	hearings:		_
Signature of Claimant or C	Claimant's Representativ	e:	
Print Name:	Title		_
Address:			_
City:	State:	Zip:	
Telephone:	Fax:	Email:	
1		ïf applicable):	