

Dollar Amount of Claim or Counterclaim \$ _____

Hearing locale: _____

- Locale requested by Respondent
- Locale provision included in the contract

Estimated time needed for hearings:

Signature (may be signed by representative): _____

Name of Respondent: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Date: ____/____/____

Name of Representative: _____

Name of Firm (if applicable): _____

Representative's Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

PLEASE SEND TWO COPIES OF THE ANSWERING STATEMENT AND COUNTERCLAIM REQUEST, ALONG WITH A \$250.00 ADMINISTRATIVE/FILING FEE TO FIRST RESOLUTION SERVICES. SEND THE ORIGINAL ANSWERING STATEMENT AND COUNTERCLAIM REQUEST TO THE CLAIMANT.