

8700 E. Pinnacle Peak Road, Suite 221
Scottsdale, Arizona 85255
Tel: (480) 664-8605 • Fax: (480) 585-8585

USA Mediate Arbitration & Mediation Centers

Demand for Mediation or Arbitration

Date	:		
CLAIMANT Name and Address:		REPRESENTATIVE Name and Address:	
Phor	ne:	Phone: Fax: Email:	
<u>Pleas</u>	e check the appropriate box:		
	The named claimant <i>IS</i> a party to a <i>which is attached</i> , and hereby <i>den</i>	a written agreement providing for arbitration, <i>a copy of mands</i> arbitration.	
	The named claimant <i>IS NOT</i> a party to a written agreement providing for arbitration. However, arbitration is hereby requested.		
	The named claimant selects a final and binding arbitration.		
	The named claimant selects an appealable arbitration		
	Claimant is requesting Mediation.		
	PONDENT (Other party to the dispune and Address:	<u>te)</u>	
Pho	ne: Fax:	Email:	

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Please provide information about the <i>Nature of the Dispute</i> :
Dollar Amount of Claim:
Other Relief Sought:
Please describe any appropriate qualifications for Arbitrator/Mediator to be appointed to hear this dispute:
Estimated time needed for Hearing:days

Claimant requests that Arbitration or Mediation hearings be held at the following locale on one of the three possible dates indicated:

USA Mediate
Arbitration & Mediation Center of Arizona
8700 E. Pinnacle Peak Road, Suite 221
Scottsdale, Arizona 85255

Possible Dates:

- 1)_____
- 3)_____

USA Mediate will contact the other party (Respondent) in an attempt to arrange Arbitration or Mediation. We will advise you as soon as a response is received from the Respondent.

Respondent, has fifteen (15) days, or such shorter or longer period as may be set forth in the parties' written agreement providing for arbitration, after notice from USA Mediate, to file an Answering Statement Form.

CLAIMANT: To institute proceedings, please send *TWO* copies of this request and, if appropriate, a copy of any written Arbitration Agreement, along with the filing fee in the amount of \$300.00, to:

USA Mediate 8700 E. Pinnacle Peak Road, Suite 221 P.O. Box 27500 Scottsdale, Arizona 85255

Claimant requests that USA Mediate commence the administration of the Mediation or Arbitration in accordance with the Rules of the Arbitration & Mediation Center of Arizona.

Claimant or Representative	
Title if Representative	
Date	