ADVANCED
RESOLUTION MANAGEMENT

Demand for Arbitration

You are hereby notified that a copy of an executed arbitration agreement, along with this demand are being filed with Advanced Resolution Management, hereafter referred to as "ARM", with a request that it initiate administration of the arbitration. ARM will provide notice of your opportunity to file an answering statement.

Name of Respondent:		
Address:		
City:	State:	Zip Code:
Contact Number:		
Email Address:		
Name of Representing Attorney (if applicable):		
Name of Firm (if applicable):		
Attorney/Firm Address:		
City:	State:	Zip Code:
Contact Number:		
Email Address:		

The named claimant, a party to an executed arbitration agreement which lists ARM as the entity to which the arbitration hearing will be housed, hereby demands arbitration.

Brief Description of the Dispute:

Dollar Amount of Claim:

Claim and Relief Sought By Claimant:

Please list the named arbitrator(s) parties have agreed upon:

If no arbitrator has been selected, please list the required qualifications you seek for this matter:

Estimated Duration: ____ Days ____ Hours

Case Specific Requests:

Name of Claimant:		
Address:		
City:	State:	Zip Code:
Contact Number:		
Email Address:		
Name of Representing Attorney (if applicable):		
Name of Firm (if applicable):		
Attorney/Firm Address:		
City:	State:	Zip Code:
Contact Number:		
Email Address:		

To begin proceedings, please file online at https://armadr.com/submit-a-case/ . You will need to upload a copy of this Demand and the executed Arbitration Agreement, and pay the appropriate fees.

Print Name & Signature of Claimant (may be signed by attorney representative)

_____

_____

Date

_____