Demand for Arbitration

Claimant Name (add more claimants on page 2 if needed)

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address

Respondent Name (add more respondents on page 3 if needed)

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address

Nature of the Claim or Dispute

Amount in Controversy (US Dollars)

Other Relief Sought

Location of Final Hearing ☐ Requested by Claimant or ☐ Specified in the arbitration agreement

Claimant, a party to an arbitration agreement providing for arbitration administered by Judicial Workplace Arbitrations, Inc., or to a court order compelling such arbitration, hereby demands arbitration.

Signature of Claimant (may be signed by counsel or representative)

Date

Additional Claimants

Claimant #2 Name

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address

Claimant #3 Name

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address

Claimant #4 Name

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address

Additional Respondents

Respondent #2 Name

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address

Respondent #3 Name

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address

Respondent #4 Name

Address

Address Line 2

City State ZIP

Phone Number

Email Address

Counsel or Representative Name

Firm or Organization Name

Address

City State ZIP

Phone Number

Email Address