



ARBITRATION COVER SHEET

CLAIMANT'S Name(s)

Representative/Attorney

Address

Address

Nature of the Claim

Phone

Fax

Amount in Controversy

E-mail Address

RESPONDENT'S Name(s)

Representative/Attorney

Address

Address

Phone

Fax

E-mail Address

Location of the Hearing (Unless otherwise agreed, the Hearing will be held within fifty miles of the Claimant's residence at the time the claim arose.)

The named Claimant/Respondent, a party to an Arbitration Agreement, hereby demands arbitration, as set out in the Original Complaint in Arbitration.

Signature