

DEMAND FOR ARBITRATION before ADR Services, Inc.

(CLAIMANT):

Representative/Attorney (if known)		Representative/Attorney (if known)		
Name:		Name:		
Law Firm:		Law Firm:		
Address:		Address:		
Telephone:		Telephone:		
Facsimile:		Facsimile:		
Email:		Email:		
(RESPONDENT):				
Representative/Attorney (if k	 nown)	Representative/Attorney (if know	wn)	
Name:		Name:	,	
Law Firm:		Law Firm:		
Address:		Address:		
Addiess.		Addices.		
Telephone:		Telephone:		
Facsimile:		Facsimile:		
Email:		Email:		
NATURE OF DISPUTE: Clair	mant horoby domands	that you submit the following disput	to to arbitration	
NATURE OF DISPUTE: Claimant hereby demands that you submit the following dispute to arbitration.				
(attach additional pages if necessary)				
		•		
ARBITRATION AGREEMENT: This demand is made pursuant to the arbitration agreement you				
made on the instrument described as:				
(please attach a copy of the contract/arbitration agreement)				
MEDIATION. If modiation in advance of the arbitration is desired as required places at all hard				
MEDIATION: If mediation in advance of the arbitration is desired, or required, please check here				
and ADR Services, Inc. will assist the parties in coordinating a mediation proceeding first:				
ADDLICADIE	☐ ADR Services, Ir	nc. 🗆 AAA 🕒 FAA		
APPLICABLE				
ARBITRATION RULES:	□ CCP	☐ JAMS ☐ Other		
STATEMENT OF CLAIMS AND RELIEF SOUGHT (describe):				
	(attach additional pages	s if necessary)		

Claimant's Name:		Demand for Arbitration before	
Respondent's Name:		ADR Services, Inc.	
OTHER RELIEF SOUGHT:			
☐ Attorney Fees	☐ Interest		
☐ Arbitration Fees	Punitive / Exe	mplary	
☐ Other:			
NOTICE TO RESPONDENT(S): You	u may file a response and count	ar-claim to the claims asserted in	
this demand. Send the original of the			
above, with copies to the ADR Service			
to ADR Services, Inc. administering t	he matter, please notify the ADR	Services, Inc. office immediately.	
CLAIMANT'S SIGNATURE (may b	e signed by an attorney):		
Signature	Date		
Print Name	Title (if CI	aimant is a company)	
DIRECTIONS F	OR SUBMITTING DEMAND FOR	RARBITRATION	
		Arbitration, pre-dispute Arbitration	
Agreement, and any additiona	I claim documents to opposing co	unsel (or the opposing party if not	
or not yet represented by cour	•		
Payment of Fee: Please inclusive refundable \$450 Initial Filing	ide a check payable to ADR Ser	vices, Inc. for the required, non- e ADR Services, Inc. office along	
with your Demand for Arbitration		C ADIX Octylecs, Inc. office along	
3. Submission: Please submit a			
Agreement, and any additional	I claim documents to the appropria	ate ADR Services, Inc. office:	
☐ Century City/West Los Angeles	☐ Downtown Los Angeles	☐ San Francisco/Northern California	
1900 Avenue of the Stars, Suite 200	915 Wilshire Boulevard	100 First Street, 27 th Floor	
Los Angeles, California 90067 Tel: (310) 201-0010	Suite 1900 Los Angeles, California 90017	San Francisco, California 94105 Tel: (415) 772-0900	
demands@adrservices.com	Tel: (213) 683-1600 demands@adrservices.com	demands@adrservices.com	
☐ Orange County 19000 MacArthur Boulevard	☐ SanDiego 225 Broadway, Suite 1400 San	☐ San Jose/Northern California 100 First Street, 27 th Floor	
Suite 550	Diego, California 92101	San Francisco, California 94105	
Irvine, California 92612 Tel: (949) 863-9800	Tel: (619) 233-1323 demands@adrservices.com	Tel: (415) 772-0900 demands@adrservices.com	
demands@adrservices.com	□ Oakland/Northern California		
	100 First Street, 27th Floor San		
	Francisco, California 94105 Tel: (415) 772-0900		
	demands@adrservices.com		

If you have any questions regarding the Demand for Arbitration or procedures regarding the Binding Arbitration, please feel free to visit our website at www.adrservices.com or contact the filing office above and ask for the "Arbitration Coordinator".