



## 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 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