



# Arbitration Cover Sheet

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
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 for Claimant**

\_\_\_\_\_  
Firm or Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
**Counsel or Representative Name for Respondent**

\_\_\_\_\_  
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** (venue name and address) ☐ 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

CityStateZIP

Phone Number

Email Address

Counsel or Representative Name for Claimant #2

Firm or Organization Name

Address

CityStateZIP

Phone Number

Email Address

Claimant #3 Name

Address

Address Line 2

CityStateZIP

Phone Number

Email Address

Counsel or Representative Name for Claimant #3

Firm or Organization Name

Address

CityStateZIP

Phone Number

Email Address

Claimant #4 Name

Address

Address Line 2

CityStateZIP

Phone Number

Email Address

Counsel or Representative Name for Claimant #4

Firm or Organization Name

Address

CityStateZIP

Phone Number

Email Address

# Additional Respondents

Respondent #2 Name

Address

Address Line 2

CityStateZIP

Phone Number

Email Address

Counsel or Representative Name for Respondent #2

Firm or Organization Name

Address

CityStateZIP

Phone Number

Email Address

Respondent #3 Name

Address

Address Line 2

CityStateZIP

Phone Number

Email Address

Counsel or Representative Name for Respondent #3

Firm or Organization Name

Address

CityStateZIP

Phone Number

Email Address

Respondent #4 Name

Address

Address Line 2

CityStateZIP

Phone Number

Email Address

Counsel or Representative Name for Respondent #4

Firm or Organization Name

Address

CityStateZIP

Phone Number

Email Address