

**ASSOCIATION OF PROFESSIONAL  
ARBITRATORS AND MEDIATORS, L.L.C. ("APAM")  
ARBITRATION RULES  
ANSWERING STATEMENT**

|  |         |          |                                   |         |          |
|--|---------|----------|-----------------------------------|---------|----------|
| TO: Name of Claimant   |         |          | Name of Representative (if known) |         |          |
| Address  |         |          | Address                           |         |          |
| City   | State   | Zip Code | City                              | State   | Zip Code |
| Phone No.  | Fax No. |          | Phone No.                         | Fax No. |          |
| RESPONDENT ANSWERS CLAIMANT'S DEMAND FOR MEDIATION/ARBITRATION AS FOLLOWS:   |         |          |                                   |         |          |
|  |         |          |                                   |         |          |
| BINDING MONETARY OFFER (FAIREST OFFER RULES ONLY)  |         |          |                                   |         |          |
| \$ _____   |         |          |                                   |         |          |
| DOLLAR AMOUNT OF COUNTERCLAIM  |         |          | OTHER RELIEF SOUGHT               |         |          |
| \$ _____   |         |          |                                   |         |          |
| SPECIAL MATTERS THE APAM SHOULD BE AWARE OF (if any):  |         |          |                                   |         |          |
|  |         |          |                                   |         |          |
| ESTIMATED TIME NEEDED FOR ARBITRATION HEARING (if required) _____ hours or _____ days  |         |          |                                   |         |          |
| Is the amount in controversy (exclusive of attorneys' fees and mediation/arbitration expenses) less than \$30,000?<br>Yes ___ No ___ |         |          |                                   |         |          |
| Is the amount in controversy (exclusive of attorney's fees and mediator/arbitrator expenses) over \$100,000? Yes ___<br>No ___       |         |          |                                   |         |          |
| If the amount in controversy exceeds \$100,000, do you request a three-member arbitration panel? Yes ___ No ___                      |         |          |                                   |         |          |

|   |       |      |
|---|-------|------|
| Signature (may be signed by a representative) | Title | Date |
|---|-------|------|

|   |         |          |                        |         |          |
|---|---------|----------|------------------------|---------|----------|
| Name of Respondent  |         |          | Name of Representative |         |          |
| Address   |         |          | Address                |         |          |
| City  | State   | Zip Code | City                   | State   | Zip Code |
| Phone No.   | Fax No. |          | Phone No.              | Fax No. |          |
| Email Address   |         |          | Email Address          |         |          |
| PLEASE SEND A COPY OF THIS ANSWERING STATEMENT AND THE FEE FOR COUNTERCLAIM TO APAM. SEND THE ORIGINAL ANSWERING STATEMENT TO THE CLAIMANT. |         |          |                        |         |          |