

**ASSOCIATION OF PROFESSIONAL
ARBITRATORS AND MEDIATORS L.L.C. ("APAM")
ARBITRATION RULES
DEMAND FOR ARBITRATION**

MEDIATION is a nonbinding process. The mediator assists the parties in arriving at a mutually acceptable solution. If you would like APAM to contact the other parties to determine whether they wish to mediate this matter under APAM Rules, please check this box. <input type="checkbox"/>					
TO: Name		Name of Representative (if known)		Name of Firm (if applicable)	
Address			Representative's Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	
Email Address			Email Address		
The named claimant, a party to an arbitration agreement or program which provides for arbitration under the APAM Arbitration Rules <input type="checkbox"/> Commercial <input type="checkbox"/> Construction <input type="checkbox"/> Employment <input type="checkbox"/> Consumer <input type="checkbox"/> Expedited (check one) version hereby demands arbitration thereunder. A copy of the arbitration clause is attached.					
THE NATURE OF THE DISPUTE					
THE CLAIM OR RELIEF SOUGHT (the amount, if any)					
BINDING MONETARY OFFER (Fairest Offer Rules only)					
SPECIAL MATTERS APAM SHOULD BE AWARE OF (If any)					
Is the amount in controversy (exclusive of attorneys' fees and arbitration costs) less than \$30,000? Yes ___ No ___					
Is the amount in controversy (exclusive of attorney's fees and arbitration expenses) over \$100,000? Yes ___ No ___ If the amount in controversy exceeds \$100,000, do you request a three-member arbitration panel? Yes ___ No ___					
ESTIMATED TIME NEEDED FOR ARBITRATION HEARING (if required) _____ hours or _____ days					
HEARING LOCALE AGREED TO OR REQUESTED					
You are hereby notified that copies of our arbitration agreement and this demand are being filed with the Association of Professional Arbitrators and Mediators, L.L.C., with a request that it commence administration of the arbitration. Under the APAM Rules, you may file an answering statement within ten days receipt of this Demand.					
Signature (may be signed by a representative)		Title		Date	
Name of Claimant		Name of Representative		Name of Firm (if applicable)	
Address (to be used in connection with this case)			Representative's Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	
Email Address			Email Address		
TO BEGIN PROCEEDINGS, PLEASE SEND A COPY OF THIS DEMAND AND A COPY OF THE ARBITRATION AGREEMENT, WITH THE FILING FEE AS PROVIDED FOR IN THE RULES TO APAM. SEND THE ORIGINAL DEMAND TO THE RESPONDENT.					