

**ASSOCIATION OF PROFESSIONAL
ARBITRATORS AND MEDIATORS, L.L.C. (“APAM”)
ARBITRATION RULES
DEMAND FOR MEDIATION/ARBITRATION**

TO: Name of Respondent			Name of Representative (if known)		
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 CLAIMANT, A PARTY TO AN AGREEMENT PROVIDING FOR MEDIATION/ARBITRATION UNDER THE APAM ARBITRATION RULES <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> CONSUMER <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> EXPEDITED (CHECK ONE) VERSION, HEREBY DEMANDS MEDIATION/ARBITRATION THEREUNDER (A COPY OF THE MEDIATION/ARBITRATION CLAUSE IS ATTACHED.)					
THE NATURE OF THE DISPUTE					
DOLLAR AMOUNT OF CLAIM \$			OTHER RELIEF SOUGHT		
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 mediation/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 hearings (if needed) _____ hours or _____ days					
Copies of this demand are being filed with the Association of Professional Arbitrators and Mediators, L.L.C. at its _____ office. Claimant requests that the APAM commence the administration of the mediation/arbitration. Under the APAM Rules, you may file an answering statement within ten days after receipt of this demand.					
HEARING LOCALE AGREED TO OR REQUESTED:					

Signature (may be signed by a representative)	Title	Date
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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 INSTITUTE PROCEEDINGS, PLEASE SEND A COPY OF THIS DEMAND AND A COPY OF THE MEDIATION/ARBITRATION AGREEMENT, WITH THE FILING FEE AS PROVIDED FOR IN THE RULES, TO THE APAM. SEND THE ORIGINAL DEMAND TO THE RESPONDENT.					