

Association of Professional Arbitrators and Mediators, L.L.C.

SUBMISSION TO DISPUTE RESOLUTION

The named parties hereby submit the following dispute for resolution, under the Rules of the Association of Professional Arbitrators and Mediators, L.L.C.:

- | | | | | |
|---------------------|--|---------------------------------------|--------------------------|--|
| | <input type="checkbox"/> Commercial | <input type="checkbox"/> Construction | <input type="checkbox"/> | <input type="checkbox"/> Consumer |
| | <input type="checkbox"/> Employment | <input type="checkbox"/> Expedited | <input type="checkbox"/> | <input type="checkbox"/> Fairest Offer |
| Procedure Selected: | <input type="checkbox"/> Arbitration | <input type="checkbox"/> Mediation | | |
| | <input type="checkbox"/> Mediation/Arbitration | | | |

Nature of Dispute According to Party #1 (attach additional sheets if necessary):

Nature of Dispute According to Party #2 (attach additional sheets if necessary):

Amount of Monetary Claim and/or Nature of Non-Monetary Claim of Party #1:

Amount of Monetary Claim and/or Nature of Non-Monetary Claim of Party #2:

Binding Monetary Offer (Fairest Offer Rules only) of Party #1:

Binding Monetary Offer (Fairest Offer Rules only) of Party #2:

Place of Hearing: _____

We agree that, if arbitration is selected, we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

To be completed and signed by all parties
(attach additional sheets if necessary, please remember to obtain signatures)

Name of Party #1
Address
City, State and Zip Code
(____) _____
Phone
Fax
Name of the Party's Attorney or Representative
Name of Firm (if applicable)
Address
City, State and Zip Code
(____) _____
Phone
Fax
Signed† (may be signed by a representative) Title
Date: _____

Name of Party #2
Address
City, State and Zip Code
(____) _____
Phone
Fax
Name of the Party's Attorney or Representative
Name of Firm (if applicable)
Address
City, State and Zip Code
(____) _____
Phone
Fax
Signed† (may be signed by a representative) Title
Date: _____

Please file this submission and the non-refundable filing fee with the Association of Professional Arbitrators and Mediators, L.L.C.

† Signatures of all parties are required.