Arbitration Services, Inc.

7600 Jericho Turnpike, Suite 402, Woodbury, NY 11797 - Tel: 516.364.1730, Fax: 516.364.3456

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DEMAND FOR ARBITRATION

Respondent(s): Address (City, State & Zip Code): Telephone No.:

The undersigned claimant, a party to an arbitration agreement contained in a written contract, dated _______ which provides for arbitration under the Commercial Arbitration Rules of Arbitration Services Incorporated, hereby demands arbitration. A copy of the arbitration agreement and statement of claim is annexed hereto.

The Nature of the Dispute:

The Claim or Relief Sought (The Amount, If Any)

Please be advised that a copy this demand, statement of claim and the arbitration agreement are being filed with the Arbitration Services Inc. You must file an answering statement within fifteen days after notice from the ASI pursuant to the ASI rules, which are published at <u>www.arbitrationservicesinc.com</u>

Name of Claimant	Address (City, State & Zip Code)	
Claimant's Attorney & Address	Telephone	
	Fax	
	E-Mail	
Signature	Print Name	Dated

Content rich web site design and maintenance: CJSWebWorks.com - e-mail: info@cjswebworks.com