

American Arbitration Association

CONSTRUCTION INDUSTRY ARBITRATION RULES

ANSWERING STATEMENT

MEDIATION If you want the AAA to contact the other party and attempt to arrange a mediation, please check this box

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 DEMAND FOR ARBITRATION AS FOLLOWS

Please describe the dispute and any counterclaim in sufficient detail so the AAA may select an arbitrator with appropriate qualifications and experience.
 AAA Case # (if known)

DOLLAR AMOUNT OF CLAIM \$	OTHER RELIEF SOUGHT
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PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS FOR ARBITRATOR(S) TO BE APPOINTED TO HEAR THIS DISPUTE

ESTIMATED TIME NEEDED FOR HEARINGS OVERALL _____ hours _____ days

RESPONDENT REQUESTS THAT ARBITRATION HEARINGS BE HELD AT THE FOLLOWING LOCALE

Signature (may be signed by a representative)	Title	Date
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Name of Respondent			Name of Representative		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	

PLEASE SEND TWO COPIES OF THIS ANSWERING STATEMENT, WITH THE FILING FEE FOR ANY COUNTERCLAIM, AS PROVIDED FOR IN THE RULES, TO THE AAA. SEND THE ORIGINAL ANSWERING STATEMENT TO THE CLAIMANT.