

American Arbitration Association

CONSTRUCTION INDUSTRY ARBITRATION RULES

DEMAND FOR ARBITRATION

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

TO: Name of Respondent			Name of Representative (if known)		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	

THE NAMED CLAIMANT, A PARTY TO A WRITTEN AGREEMENT PROVIDING FOR ARBITRATION UNDER THE CONSTRUCTION INDUSTRY ARBITRATION RULES, HEREBY DEMANDS ARBITRATION THEREUNDER.
(ATTACH THE ARBITRATION CLAUSE)

NATURE OF DISPUTE (Please give enough details to enable the AAA to select arbitrators with appropriate experience)

DOLLAR AMOUNT OF CLAIM \$	OTHER RELIEF SOUGHT
------------------------------	---------------------

PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS FOR ARBITRATOR(S) TO BE APPOINTED TO HEAR THIS DISPUTE

CLAIMANT IS

Owner Design Professional (specify _____) Contractor
 Subcontractor (specify _____) Other (specify _____)

RESPONDENT IS

Owner Design Professional (specify _____) Contractor
 Subcontractor (specify _____) Other (specify _____)

ESTIMATED TIME NEEDED FOR HEARINGS OVERALL _____ hours _____ days

Copies of this demand are being filed with the American Arbitration Association at its _____ office. Claimant requests that the AAA commence the administration of the arbitration. Under the rules, you may file an answering statement within fifteen days after notice from the AAA.

CLAIMANT REQUESTS THAT ARBITRATION HEARINGS BE HELD AT THE FOLLOWING LOCALE

Signature (may be signed by a representative)	Title	Date
---	-------	------

Name of Claimant			Name of Representative		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	

TO INSTITUTE PROCEEDINGS, PLEASE SEND THREE COPIES OF THIS DEMAND AND THE ARBITRATION AGREEMENT, WITH THE FILING FEE, AS PROVIDED FOR IN THE RULES, TO THE AAA. SEND THE ORIGINAL DEMAND TO THE RESPONDENT.