

# AMERICAN ARBITRATION ASSOCIATION

## EMPLOYMENT ARBITRATION RULES

### DEMAND FOR ARBITRATION

(FOR USE ONLY IN CALIFORNIA)

Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the California Arbitration Act, and to all consumer arbitrations conducted in California. Only those disputes arising out of employer promulgated plans are included in the consumer definition. If you believe that you meet these requirements, you must submit to the AAA a declaration under oath regarding your monthly income and the number of persons in your household. Please contact the AAA's Western Case Management Center at 1-877-528-0879, if you have any questions regarding the waiver of administrative fees.

**MEDIATION** is a nonbinding process. The mediator assists the parties in working out a solution that is acceptable to them. If you would like the AAA to contact the other parties to determine whether they wish to mediate this matter, please check this box.  There is no additional administrative fee for this service.

TO: Name	Name of Representative (if known)	Name of Firm (if applicable)
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Address	Representative's Address
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City	State	Zip Code	City	State	Zip Code
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Phone No.	Fax No.	Phone No.	Fax No.
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The named claimant, a party to an arbitration agreement or program which provides for arbitration under the Employment Arbitration Rules of the American Arbitration Association, hereby demands arbitration.

THE NATURE OF THE DISPUTE

THE CLAIM OR RELIEF SOUGHT (the amount, if any)

DOES THIS DISPUTE ARISE OUT OF AN EMPLOYMENT RELATIONSHIP? Yes  No

WHAT WAS/IS THE EMPLOYEE'S ANNUAL WAGE RANGE? Note: this question is required by California law.  
 Less than \$100,000       \$100,000 - \$250,000       Over \$250,000

Claimant       Employee       Employer  
Respondent       Employee       Employer

HEARING LOCALE REQUESTED

You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association at its \_\_\_\_\_ office, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within ten days after notice from the AAA.

Signature (may be signed by a representative)	Title	Date
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Name of Claimant	Name of Representative	Name of Firm (if applicable)
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Address (to be used in connection with this case)	Representative's Address
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City	State	Zip Code	City	State	Zip Code
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Phone No.	Fax No.	Phone No.	Fax No.
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TO BEGIN PROCEEDINGS, PLEASE SEND TWO 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.