

AMERICAN ARBITRATION ASSOCIATION
LABOR ARBITRATION RULES
DEMAND FOR ARBITRATION

MEDIATION: Please consult the AAA regarding mediation procedures. If you want the AAA to contact the other party and attempt to arrange a mediation, please mark an "X" here _____.

Date: _____

To: Name _____
(of the Party on Whom the Demand is Made)

Address _____
City and State _____ ZIP Code _____
Telephone (____) _____ Fax (____) _____
Name of Representative _____
(if known)

Name of Firm (if Applicable) _____
Representative's Address _____
City and State _____ ZIP Code _____
Telephone (____) _____ Fax (____) _____

The named claimant, a party to an arbitration agreement contained in a written contract, dated _____ and providing for arbitration under the Labor Arbitration Rules of the American Arbitration Association, hereby demands arbitration thereunder. (Attach the arbitration clause or quote it hereunder.)

NATURE OF DISPUTE _____

CLAIM OR RELIEF SOUGHT (amount, if any): _____

HEARING LOCALE REQUESTED: _____
(City and State)

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 administrator.

Signed _____ Title _____
(May be Signed by a Representative)

Name of Claimant _____

Address _____
(to Be Used in Connection with this Case)

City and State _____ ZIP Code _____
Telephone (____) _____ Fax (____) _____
Name of Representative _____
Representative's Address _____
City and State _____ ZIP Code _____
Telephone (____) _____ Fax (____) _____

To institute proceedings, please send three copies of this demand and the arbitration agreement, with the filing fee as provided in the rules, to the AAA. Send the original demand to the respondent.