

# AMANDA ADR SERVICES

## Demand for Arbitration

Please submit this form to AMANDA. Once the below items are received, an AMANDA professional will contact all parties to commence and coordinate the arbitration process, including the appointment of an arbitrator and scheduling a hearing date. For all arbitrations, AMANDA follows AMANDA Arbitration Rules and Procedures, subject to modification by the relevant Neutral at their sole discretion.

\* \* \*

### A. Instructions

If you wish to proceed with an arbitration by executing and serving a Demand for Arbitration on the appropriate party, please submit the following items to AMANDA with the requested number of copies:

- 1. Demand for Arbitration** (*2 copies*)
- 2. Proof of service of the Demand on the appropriate party** (*2 copies*)
- 3. Entire contract containing the arbitration clause** (*2 copies*) *To the extent there are any court orders or stipulations relevant to this arbitration demand, e.g. an order compelling arbitration, please also include two copies.*

### B. Waiver of Liability

In no event will AMANDA or the relevant Neutral presiding over the arbitral proceeding be liable for any damages to any party. Even if an arbitral award is vacated by a court of competent jurisdiction, no party shall be entitled to any damages or refund of arbitral fees or costs, whatsoever.

### C. Type of Arbitration Case (check appropriate box)

- |   |  |
|---|--|
| <input type="checkbox"/> Employment     | <input type="checkbox"/> Personal Injury / Tort    |
| <input type="checkbox"/> Consumer Fraud | <input type="checkbox"/> Business & Commercial Law |
| <input type="checkbox"/> Family Law     | <input type="checkbox"/> ADA Litigation            |

### D. Others

The parties agree to the AMANDA General Fee Schedule attached to this Demand for Arbitration. The parties also agree to adhere to the AMANDA Arbitration Rules and Procedures, subject to modification by the relevant Neutral at their sole discretion.

**Once completed, please submit to the Demand For Arbitration electronically via email to AMANDA at: [clerk@amandaadr.com](mailto:clerk@amandaadr.com) and mail two hard copies to the following address:**

AMANDA ADR SERVICES  
148 W 14<sup>th</sup> Street, 8<sup>th</sup> Floor  
New York, NY 10011  
Attention: Case Openings Clerk  
P: 212.465.1128  
F: 212.465.1181

# AMANDA ADR SERVICES

## Demand for Arbitration

TO RESPONDENT (Party for whom demand for arbitration is made)

Respondent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Respondent's Representative or Attorney (If Known)

Representative/Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

FROM CLAIMANT

Claimant Name: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Claimant's Representative or Attorney (If Known)

Representative/Attorney: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# AMANDA ADR SERVICES

## Demand for Arbitration

RESPONDENT #2 (Party for whom demand for arbitration is made)

Respondent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

Representative/Attorney: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

RESPONDENT #3 (Party for whom demand for arbitration is made)

Respondent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

Representative/Attorney: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**AMANDA ADR SERVICES**

Demand for Arbitration

**MEDIATION IN ADVANCE OF THE ARBITRATION**

- If mediation in advance of the arbitration is desired, please check here and an AMANDA Case Manager will assist the parties in coordinating a mediation session.

**NATURE OF DISPUTE / CLAIMS & RELIEF SOUGHT BY CLAIMANT**

Claimant hereby demands that you submit the following dispute to final and binding arbitration. A more detailed statement of claims may be attached if needed.

Amount in Controversy (US Dollars): \_\_\_\_\_

# AMANDA ADR SERVICES

Demand for Arbitration

## ARBITRATION AGREEMENT

This demand is made pursuant to the arbitration agreement which the parties made as follows. ***Please cite location of arbitration provision and attach two copies of entire agreement.***

## ARBITRATION PROVISION LOCATION

## RESPONSE

The respondent may file a response and counter-claim to the above-stated claim according to the applicable arbitration rules. ***Send the original response and counter-claim to the claimant at the address stated above with two copies to AMANDA.***

## REQUEST FOR ARBITRAL HEARING AND DESIGNATION OF ARBITRATOR

Requested: \_\_\_\_\_

## SUBMISSION INFORMATION

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed/Typed): \_\_\_\_\_

# AMANDA ADR SERVICES

## Demand for Arbitration

Completion of this section is required for all consumer or employment claims.

### CONSUMER AND EMPLOYMENT ARBITRATION

Please indicate if this is a CONSUMER ARBITRATION. For purposes of this designation, and whether this case will be administered in California or elsewhere, AMANDA is guided by *California Rules of Court Ethics Standards for Neutral Arbitrators, Standard 2(d) and (e)*, as defined below, and the AMANDA Consumer and Employment Minimum Standards of Procedural Fairness:

- YES**, this is a CONSUMER ARBITRATION.
- NO**, this is not a CONSUMER ARBITRATION.

“Consumer arbitration” means an arbitration conducted under a pre-dispute arbitration provision contained in a contract that meets the criteria listed in paragraphs (1) through (3) below. “Consumer arbitration” excludes arbitration proceedings conducted under or arising out of public or private sector labor-relations laws, regulations, charter provisions, ordinances, statutes, or agreements.

1. The contract is with a consumer party, as defined in these standards;
2. The contract was drafted by or on behalf of the non-consumer party; and
3. The consumer party was required to accept the arbitration provision in the contract.

“Consumer party” is a party to an arbitration who, in the context of that arbitration agreement, is any of the following:

1. An individual who seeks or acquires, including by lease, any goods or services primarily for personal, family, or household purposes including, but not limited to, financial services, insurance, and other goods and services as defined in section 1761 of the Civil Code;
2. An individual who is an enrollee, a subscriber, or insured in a health-care service plan within the meaning of section 1345 of the Health and Safety Code or health-care insurance plan within the meaning of section 106 of the Insurance Code;
3. An individual with a medical malpractice claim that is subject to the arbitration agreement; or
4. An employee or an applicant for employment in a dispute arising out of or relating to the employee’s employment or the applicant’s prospective employment that is subject to the arbitration agreement.

In addition, AMANDA is guided by its Consumer Minimum Standards and Employment Minimum Standards when determining whether a matter is a consumer matter.

**If Respondent disagrees with the assertion of Claimant regarding whether this IS or IS NOT a CONSUMER ARBITRATION, Respondent should communicate this objection in writing to the AMANDA Case Manager and Claimant within seven (7) calendar days of service of the Demand for Arbitration.**

### EMPLOYMENT MATTERS

If this is an EMPLOYMENT matter, Claimant must complete the following information:

Private arbitration companies are required to collect and publish certain information at least quarterly, and make it available to the public in a computer-searchable format. In employment cases, this includes the

## AMANDA ADR SERVICES

### Demand for Arbitration

amount of the employee's annual wage. The employee's name will not appear in the database, but the employer's name will be published. Please check the applicable box below:

Less than \$100,000     \$100,000 to \$250,000     More than \$250,000     Decline to State

### WAIVER OF ARBITRATION FEES

**In certain states (e.g. California), the law provides that consumers (as defined above) with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of the arbitration fees.** In those cases, the respondent must pay 100% of the fees. Consumers must submit a declaration under oath stating the consumer's monthly income and the number of persons living in his or her household. Note: this requirement is not applicable in all states.

# AMANDA ADR SERVICES

## Demand for Arbitration

CLAIMANT #2 (Party for whom demand for arbitration is made)

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

Representative/Attorney: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

CLAIMANT #3 (Party for whom demand for arbitration is made)

Claimant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

Representative/Attorney: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_