

American Arbitration Association

ARBITRATION RULES*

(Enter the name of the applicable rules.)

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.

DEMAND FOR ARBITRATION

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)

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 _____ Arbitration Rules of the American Arbitration Association, hereby demands arbitration thereunder.

THE NATURE OF THE DISPUTE:

THE CLAIM OR RELIEF SOUGHT (the Amount, if Any):

TYPES OF BUSINESS: Claimant _____ Respondent _____

PLEASE TAKE NOTICE that, unless, within twenty days after service of this Notice of Intention to Arbitrate, you apply to stay the arbitration herein pursuant to Article 75 of the Civil Practice Law and Rules, you will thereafter be precluded from objecting that a valid agreement was not made or has not been complied with and from asserting in court the bar of a limitation of time.

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 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 _____



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

Form G2NY-5/94

* If you have a question as to which rules apply, please contact the AAA.

FOR USE IN THE STATE OF NEW YORK