

CASE INFORMATION FORM (Demand for Arbitration)

Please attach copy of the Sales Contract and the Mediation Case Information Form.

Defendant's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The Nature of the Dispute: _____

The Claim or Relief Sought: (the amount) _____

The Demand for Mediation was made on (date): _____

The Mediation (circle one): Did or Did Not Occur.

The Date of Mediation: _____

Signature: _____ (may be signed by a representative) Date: _____

Claimant:

Name: _____

Representative: _____

Address: _____

Phone: _____ Email: _____

Arbitrator:

Name: _____

Address: _____

Phone: _____ Email: _____