

**CASE INFORMATION FORM
(Demand for Arbitration)**

Please attach copy of the Sales Contract.

Defendant's Information:

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

The Nature of the Dispute: _____

The Claim or Relief Sought: (the amount) _____

You are hereby notified that copies of our mediation agreement and this demand are being filed with _____ with a request that he/she commence administration of the arbitration.
(Arbitrator)

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

Claimant

Name: _____

Address: _____

Phone: _____ Fax: _____

Arbitrator:

Name: _____

Address: _____

Phone: _____ Fax: _____