

Cohen & Associates, Inc.

A Dispute Resolution Practice

2530 Wilshire Blvd., 3rd Floor, Santa Monica, CA 90403

(310) 315-5404 Fax: (310) 315-5408

Website: www.litigationbusters.com

DEMAND FOR BINDING ARBITRATION

Complainant

Respondent

Print Name

Print Name

Business or Organization Name

Business or Organization Name

Address

Address

City, State, Zip

City, State, Zip

Phone

Phone

Fax

Fax

E-Mail Address

E-Mail Address

The Complainant, being a party to a Binding Arbitration Agreement contained within a written contract, hereby makes a demand on the Respondent to attend Binding Arbitration through Cohen & Associates, Inc. A brief statement of the facts giving rise to this case appears below: (Include a brief description of your Claim)

Claim for Relief Sought by the Complainant: \$ _____

Respondent: Please take notice that the Claimant has made a Demand upon you for Binding Arbitration in accordance with your contract and has requested that your arbitration be administered. The arbitration will be conducted in accordance with the terms of your contract clause.

Signature of Claimant

Date