



To ensure your demand is processed promptly, please file online at [www.adr.org/support](http://www.adr.org/support). Complete this form, provide last known email addresses and include a copy of the Arbitration Agreement, Plan or Contract.

**Parties (Claimant)**

Name of Claimant:		
Address:		
City:	State:	Zip Code:
Phone No.:	Email Address:	
Representative's Name (if known):		
Firm (if applicable):		
Representative's Address:		
City:	State:	Zip Code:
Phone No.:	Email Address:	

**Parties (Respondent)**

Name of Respondent:		
Address:		
City:	State:	Zip Code:
Phone No.:	Email Address:	
Representative's Name (if known):		
Firm (if applicable):		
Representative's Address:		
City:	State:	Zip Code:
Phone No.:	Email Address:	

**Mediation:** If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box

Claim: What was/is the employee/worker's annual wage range?	Less than \$100,000	\$100,000-\$250,000	Over \$250,000
<i>Note: This question is required by California law.</i>			

Amount of Claim:
Claim involves:    Statutorily Protected Rights    Non-Statutorily Protected Rights

In detail, please describe the nature of each claim. You may attach additional pages if necessary:
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Other Relief Sought:    Attorneys Fees    Interest    Arbitration Costs    Punitive/ Exemplary Other:	
Please describe the qualifications for arbitrator(s) to hear this dispute:	
Hearing: Estimated time needed for hearings overall: _____ hours or _____ days	
Hearing Locale: <i>(check one)</i> Requested by Claimant    Locale provision included in the contract	
Filing Fee requirement or \$350 (max amount per AAA) Filing by Company:    \$2,450 single arbitrator    \$3,050 three arbitrator panel	
Notice: To begin proceedings, <b>please file online at <a href="http://www.adr.org/fileonline">www.adr.org/fileonline</a></b> . You will need to upload a copy of this Demand and the Arbitration Agreement, and pay the appropriate fee.	
Signature (may be signed by a representative):	Date:
<p>Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the California Arbitration Act, and to all consumer arbitrations conducted in California. Only those disputes arising out of employer plans are included in the consumer definition. If you believe that you meet these requirements, you must submit to the AAA a declaration under oath regarding your monthly income and the number of persons in your household. Please contact the AAA's Western Case Management Center at 1-800-778-7879. If you have any questions regarding the waiver of administrative fees, AAA Customer Service can be reached at 1-800-778-7879. Please visit our website at <a href="http://www.adr.org/support">www.adr.org/support</a> to file this case online.</p>	