

Consumer Demand for Arbitration before the American Arbitration Association

AMERICAN ARBITRATION ASSOCIATION SUPPLEMENTARY PROCEDURES FOR CONSUMER RELATED DISPUTES

Instructions on filing a claim:

1. Please fill out this form and retain one copy for your records.
2. Mail **two** copies of this form and your check or money order to the American Arbitration Case Management Center nearest to you. Please consult Section C-8 of the *Supplementary Procedures for Consumer-Related Disputes* for the appropriate fee at www.adr.org and search for Section C-8. Information regarding the nearest Case Management Center and the appropriate fee is also available at <http://www.adr.org> or by calling AAA Customer Service at (800) 667-6768. Please make your check or money order payable to the American Arbitration Association.
3. Send a copy of this form with a copy of your check or money order to: PO BOX 110656, Nashville, TN 37222. Attn: Legal Department/Customer Arbitration. Upon receipt, we will reimburse you for your filing fee.
4. Please also include a copy of the arbitration provision located in your Equipment Maintenance Plan terms and conditions.

Your Personal Information:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

If an in-person hearing is held, the arbitration will take place in the county of your billing address. Please tell us the county and state to which your bills are sent:

Your Attorney's Information (Please leave blank if you are representing yourself)

Attorney's Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Briefly explain the nature of your dispute: (Attach additional pages if necessary)

How much money do you believe you are owed? If none, leave blank:

Do you desire any non-monetary outcome? If no, leave blank:

Signature: _____ **Date:** _____