

Instructions for Submittal of Arbitration to ADR Systems

Demand for Arbitration Based on Pre-Dispute Provision

If you wish to proceed with an arbitration by executing and serving a Demand for Arbitration on the appropriate party, please submit the following items to ADR Systems:

- Two copies of the Demand for Arbitration and of the Detailed Statement of Claim
- Proof of Service of the Demand on the appropriate party (for example, a certified mail receipt signed by recipient, or a sworn statement of service by a non-party)
- Two copies of the entire contract containing the arbitration clause
- Initial non-refundable \$300.00 administrative fee per party (Each party may submit its
 own administrative fee. To expedite the commencement of the proceedings, one party
 may elect to submit all administrative fees. In lengthier, more complex cases additional
 fees may be assessed.)

Arbitration Based on Post-Dispute Fully Executed Arbitration Agreement, Oral Stipulation or Court Order Compelling Arbitration

Whether or not a certain arbitrator has been designated, if the parties have agreed to arbitrate at ADR Systems, or the court has ordered the parties to arbitrate through ADR Systems, please submit the following items:

- Two copies of the Demand for Arbitration and of the Detailed Statement of Claim
- Two copies of the executed Arbitration Agreement or Court Order appointing arbitrator/ADR Systems (If necessary, please contact ADR Systems to obtain a Stipulation for Arbitration form, or download it from our website.)
- Initial non-refundable \$300.00 administrative fee per party (Each party may submit its
 own administrative fee. To expedite the commencement of the proceedings, one party
 may elect to submit all administrative fees. In lengthier, more complex cases additional
 administrative fees may be assessed.)

Please submit all items to ADR Systems at 20 N Clark St. 29th Floor, Chicago, IL 60602.

Once the above items are received, ADR Systems will contact all parties to commence the arbitration.

Demand for Arbitration

Claimant						
Business Name/A	.ddress					
City		State		Zip)	
Phone	Fax		Email_			
Representative/A	Attorney					
Firm Name/ Addre	ess					
City		State		Zip		
Phone	Fax		Email_			
Respondent						
Business Name/ A	Address					
City		State		Zip		
Phone	Fax		Email_			
Representative/A	Attorney					
Firm Name/ Addre	ess					
City		State		Zip		
Phone	Fax		Email_			
Statement of Cla	im (Claimant mu	ıst attach a detai	led statem	ent of the	Claimants' cla	im including
all facts to	be proved,	the remedy	sought,	and ar	ny claimed	damages.)
Amount in Contro	oversy (if applica	ıble)				
List Appropriate	Qualifications fo	or Arbitrator				
Hearing Location	1					



Applicable Rules	
Estimated Time Required for Hearing	
Response to Demand for Arbitration: Respond applicable) to this claim according to the application counterclaim to the Claimant's counsel at their ad proof of service.	able arbitration rules. Send the response and
Signature(Claimant or Representative)	Date
Print Name	

