



## ARBITRATION ANSWERING STATEMENT AND COUNTERCLAIM REQUEST

For Consumer or Employment cases, please visit [www.adr.org](http://www.adr.org) for appropriate forms.

Name of Claimant:			Name of Representative (if known):		
Address:			Name of Firm (if applicable):		
			Representative's Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
Email Address:			Email Address:		
AAA Case No. (if known):			Filing a Counterclaim: Yes No <i>If yes, please describe nature of counterclaim in space below.</i>		
Please answer Claimant Demand for Arbitration (and describe counterclaim, if applicable): <i>Attach additional pages as necessary.</i>					
Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other?					
Dollar Amount of Claim or Counterclaim: \$			Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/ Exemplary Other		
Filing Fee: (if any) \$		In accordance with Fee Schedule: Flexible Fee Schedule Standard Fee Schedule			
Please describe the qualifications you seek for arbitrator(s) to be appointed to hear this dispute:					
Hearing locale: (check one) Requested by Claimant Locale provision included in the contract					
Estimated time needed for hearings overall: hours or days					
Signature (may be signed by a representative):			Date:		
Name of Respondent:			Name of Representative:		
Address (to be used in connection with this case):			Name of Firm (if applicable):		
			Representative's Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
Email Address:			Email Address:		
<b>Please send two copies of this Answering Statement, with the Filing Fee for any Counterclaim, as provided for in the Rules, to the AAA. At the same time, send the original Answering Statement to the claimant.</b>					