



**CONSTRUCTION INDUSTRY ARBITRATION RULES
Demand for Arbitration**

MEDIATION: If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box.
There is no additional administrative fee for this service.

Name of Respondent			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:		

The named claimant, a party to an arbitration agreement dated _____, which provides for arbitration under the Construction Industry Rules of the American Arbitration Association, hereby demands arbitration.

ARBITRATION CLAUSE CONTAINED IN THE FOLLOWING CONTRACT DOCUMENT: (Please check one)
 AIA-American Institute of Architects AGC-Associated General Contractors of America DBIA-Design Build Institute of America
 EJCDC-Engineers Joint Contract Documents Committee ASA-American Subcontractors Association CMAA-Construction Management Association of America Other (specify) _____

THE NATURE OF THE DISPUTE

Dollar Amount of Claim \$ _____ Other Relief Sought: Attorneys Fees Interest
 Arbitration Costs Punitive/ Exemplary Other _____

Amount Enclosed \$ _____ In accordance with Fee Schedule: Flexible Fee Schedule Standard Fee Schedule

PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS 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
Specify type of business: Claimant _____
Respondent _____

You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association's Case Management Center, located in (check one) Atlanta, GA Dallas, TX East Providence, RI Fresno, CA International Centre, NY, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within fifteen days after notice from the AAA.

Signature (may be signed by a representative) Date:			Name of Representative		
Name of Claimant			Name of Firm (if applicable)		
Address (to be used in connection with this case)			Representative's Address		
City	State	Zip Code	City	State	Zip Code
Phone No.		Fax No.	Phone No.		Fax No.
Email Address:			Email Address:		

To begin proceedings, please send two copies of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to the AAA. Send the original Demand to the Respondent.

Please visit our website at www.adr.org if you would like to file this case online. AAA Customer Service can be reached at 800-778-7879