



Resolute Mediation & Arbitration, Inc. (RM&A Inc.)  
Form ARB1509  
**DEMAND FOR ARBITRATION**

To establishment proceedings, please send a copy of this demand and the arbitration agreement, with the appropriate administrative fee, to RM&A Inc. Send the original demand to the respondent(s).

Date: \_\_\_\_\_

**Name of Claimant- Party making the claim:** \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Name of Representative \_\_\_\_\_

Name of Firm (if applicable): \_\_\_\_\_

Representative's Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Name Respondent- Party on whom the Demand is made:** \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Name of Firm (if applicable): \_\_\_\_\_

Representative's Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

The named Claimant, a party to an arbitration agreement contained in a written contract dated \_\_\_\_\_, providing for arbitration hereby demands arbitration or invokes the dispute resolution clause thereunder. Arbitrator(s) can be selected **from** the RM&A panel or provide the name(s) of your choice the administrator with your response.

**STATEMENT OF CLAIM(S):** \_\_\_\_\_

**RELIEF SOUGHT** (including the proposed award if applicable): \_\_\_\_\_

**GROUND(S) FOR RELIEF:** \_\_\_\_\_

(\* attached additional information if needed)

Hearing Locale Requested \_\_\_\_\_ (City and State) \_\_\_\_\_

Type of service:  Onsite  web/teleconference  Document arbitration (virtual)

The Party or Parties on whom the Demand is made are hereby notified that copies of our arbitration agreement and this demand are being filed with Resolute Mediation & Arbitration Inc', office at 121 South Orange Ave, Ste 1500; Orlando, Florida 32801, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within ten days after notice from the administrator.

Claimant's Signature: \_\_\_\_\_ Title \_\_\_\_\_  
(May Be Signed by a Representative)