



**Resolute Mediation
& Arbitration Inc.**
A trusted full Service
Resolution Forum

Before you file Suit, Call Resolute -

Commercial, Family, Employment,
Finance dispute resolution

ARBITRATION ANSWERING STATEMENT
AND COUNTERCLAIM REQUEST

RM&A Case #

Name of Claimant:		Name of Representative (if known)	
Address:		Address:	
Phone:	Email:	Phone:	Email:
Filing Counter Claim: Yes: No:		If yes, please describe nature of counterclaim in space below	
Please answer Claimant Demand for Arbitration (and describe counterclaim, if applicable): <i>Attach additional pages as necessary.</i>			
Dollar Amount of Claim or Counterclaim: \$	Other Relief Sought:	Attorney's 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)		Locale provision included in the contract:	
Locale Requested by Claimant:			
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:	
Phone No.:	Email Address:	Phone No.:	Email Address:
Please send two copies of this Answering Statement, with the Filing Fee for any Counterclaim, as provided for in the Rules, to the RM&A Inc. At the same time, send the original Answering Statement to the claimant.			