

SUBMISSION TO ADR FORM

We, the undersigned parties, hereby agree to submit the dispute described below to:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Confidential Mediation | <input type="checkbox"/> Med/Arb |
| <input type="checkbox"/> Binding Arbitration | <input type="checkbox"/> Other _____ |

Nature of dispute: (Attach exhibits if necessary)

- Number of Neutrals requested: One Three
- Hearing room location: DPR facilities Other _____
-

Claimant: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

Respondent: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

Signature: _____

Signature: _____

Counsel - Claimant: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

Counsel - Respondent: _____
Address: _____

Phone: _____ Fax: _____
Email: _____

*If more than two parties are participating, please attach an additional sheet.
Thank you for contacting DPR.*

Dispute Prevention & Resolution, Inc.

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