



# DEMAND FOR ARBITRATION

The Claimant named below hereby demands arbitration of the dispute described below pursuant to the Arbitration Rules of Cincinnati Bar Alternative Dispute Resolution ("CBADR"). Claimant is enclosing a current copy of the Arbitration Rules. Claimant states that claimant and respondent(s) are parties to a CBADR Submission to Arbitration or an agreement requiring arbitration before CBADR dated \_\_\_\_\_.

You are hereby notified that a copy of our Submission to Arbitration or arbitration agreement and this demand are being filed with CBADR with a request that it commence administration of the arbitration. Respondent(s) are advised they have fourteen (14) days from receipt of this Demand to file any cross-claim or counterclaim. Respondents are cautioned that they should review the Arbitration Rules carefully and are advised to consult with an attorney to understand their rights fully.

**Claimant's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

**Claimant's Attorney** \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Attorney's Email Address \_\_\_\_\_

**Respondent's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

**Respondent's Attorney** \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Attorney's Email Address \_\_\_\_\_

*(If additional parties, please use separate sheets)*

Expedited Arbitration Requested (Requires Mutual Agreement from All Parties, see CBADR Expedited Arbitration Rules.)

Description of the claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other relief sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe appropriate qualifications for arbitrator(s) to be appointed to hear this dispute:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated time needed for hearings overall: \_\_\_\_\_ hours or \_\_\_\_\_ days

Type of Business:

Claimant \_\_\_\_\_

Respondent \_\_\_\_\_

Signature for Claimant (may be signed by a representative) \_\_\_\_\_ Date \_\_\_\_\_

To begin proceedings, please send a copy of this Demand and the Arbitration Agreement or CBADR Submission to Arbitration, along with the filing fee to CBADR. Payment of the filing fee required under the current schedule of fees must be made at the time this demand is filed. Serve the original Demand, with any attachments, to the Respondent with a copy of the Arbitration Rules of CBADR.