

SUBMISSION TO ARBITRATION



Cincinnati Bar
ASSOCIATION
Arbitration Services

The named parties hereby agree to submit the dispute described below to binding arbitration under the procedures and rules of the Cincinnati Bar Association Arbitration Services. We agree that we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

To be completed and signed by all parties (attach additional sheets if necessary)

NATURE OF DISPUTE: _____

Name of Party _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Signature (required) _____ **Date** _____

Name of Representative _____

Name of Firm _____

Address (to be used in connection with this case) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Name of Party _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Signature (required) _____ **Date** _____

Name of Representative _____

Name of Firm _____

Address (to be used in connection with this case) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____