



ARBITRATION ANSWERING STATEMENT AND COUNTERCLAIM OR JOINDER/CONSOLIDATION REQUEST

Name of Claimant:			Name of Representative (if known):		
Address:			Name of Firm (if applicable):		
			Representative's Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
Email Address:			Email Address:		
AAA Case No. (if known):			Filing a Counterclaim: Yes No <i>If yes, please describe nature of counterclaim in space below.</i>		
Please answer Claimant's Demand for Arbitration (and describe your counterclaim, if applicable): <i>Attach additional pages as necessary.</i>					
Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other? Yes No					
Joinder/Consolidation Request. Provide the contact information for parties to be joined, and the case number(s) if consolidation is requested, on a separate attachment.					
Dollar Amount of Claim or Counterclaim: \$			Other Relief Sought: Attorneys 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) Agree to requested locale Objection to locale Proposed alternative locale:					
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:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
Email Address:			Email Address:		
Please send a copy of this Answering Statement to all other case participants and the AAA. If you are filing a counterclaim, please include the appropriate Filing Fee, if any, per the applicable Rules.					