AMERICAN ARBITRATION ASSOCIATION® | INTERNATIONAL CENTRE FOR DISPUTE RESOLUTION®

# ARBITRATION ANSWERING STATEMENT AND COUNTERCLAIM OR JOINDER/CONSOLIDATION REQUEST

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|---|---|---|---|---|---|
| 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<br>*If yes, please describe nature of counterclaim in space below.* | | |
| Please answer Claimant's Demand for Arbitration (and describe your counterclaim, if applicable): *Attach additional pages as necessary.* | | | | | |
| 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:<br>☐ Attorneys Fees ☐ Interest ☐ Arbitration Costs<br>☐ 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.** | | | | | |

***Please visit our website at www.adr.org if you would like to file this online. If you have questions, please contact your AAA case representative. If you do not know who your representative is, please contact Customer Service at 1-800-778-7879 for assistance.***