



Request for Arbitration

Instructions for Submittal of an International Arbitration to JAMS

If you wish to proceed with an international arbitration by executing and serving a Request for Arbitration on the appropriate party, submit the following items to JAMS:

- A. Two copies of the **Request for Arbitration** in the case of a sole arbitrator; four copies of the **Request for Arbitration** in the case of a tripartite panel.
- B. Two copies of the arbitration agreement or clause under which the dispute is to be arbitrated; four copies in the case of a tripartite panel.
- C. Proof of service of the Request for Arbitration and any accompanying documents on all parties.
- D. For two-party matters, JAMS charges a \$2,000 Filing Fee, to be paid by the party initiating the Arbitration. JAMS also charges a \$2,000 Filing Fee for counterclaims. For matters involving three or more parties, the Filing Fee is \$3,500. A Case Management Fee of 13% will be assessed against all Professional Fees, including time spent for hearings, pre- and post-hearing reading and research and award preparation.

Electronic Filing. The Request for Arbitration may be filed with the JAMS International Administrator in electronic form to international@jamsadr.com with the requisite number of paper copies sent on the same date by courier service, facsimile or post. Proof of service of the Request for Arbitration and any accompanying documents on all parties is required. Contact the JAMS International Administrator for more information regarding electronic filing.

Please submit to JAMS at international@jamsadr.com or your local JAMS Resolution Center.

Once the above items are received, the JAMS Administrator will contact the parties.

London – JAMS Resolution Center

1 Paternoster Lane
St. Paul's
London, EC4M7BQ, UK
Phone: +44 207 583 9808
Fax: +44 207 936 3325
Email: international@jamsadr.com
www.jamsadr.com/global



Request for Arbitration

To Respondent:

(Name of the Party on whom the Request for Arbitration is made)

Address:

City:

State/Province/Region:

Country:

Postal Code:

Phone:

Fax:

Email:

Representative/
Attorney (if known):

(Name of the Representative/Attorney of the Party on whom the Request for Arbitration is made)

Firm Name:

Address:

City:

State/Province/Region:

Country:

Postal Code:

Phone:

Fax:

Email:

From Claimant (name):

(Name of the Party requesting arbitration)

Address:

City:

State/Province/Region:

Country:

Postal Code

Phone:

Fax:

Email:

**Representative/Attorney
of Claimant (if known):**

(Name of the Representative/Attorney for the Party Requesting Arbitration)

Firm Name:

Address:

City:

State/Province/Region:

Country:

Postal Code:

Phone:

Fax:

Email:

Nature of Dispute: Claimant hereby requests that you submit the following dispute to final and binding arbitration (a more detailed statement of the claim(s) may be attached)

Page 4 of 9

Arbitration Agreement: This Request is made pursuant to the arbitration agreement which the parties made as follows (cite location of arbitration provision and attach two (2) copies of entire agreement).

Claim & Relief Sought By Claimant: Claimant asserts the following claim and seeks the following relief (include amount in controversy, if applicable).

Statement of Defence: Within 30 calendar days of the commencement of the Arbitration, the respondent will deliver to the claimant a statement of defence to the above-stated claim according to the applicable arbitration rules. Send the statement of defence to the claimant at the address stated above with a copy to JAMS.

Submission Information:

Signature

Date

Name
(Print/Typed)

Additional Parties: If necessary, please use the space below to include all Claimants and Respondents on this form.

To Respondent 2:

(Name of the Party on whom the Request for Arbitration is made)

Address:

City:

State/Province/Region:

Country:

Postal Code:

Phone:

Fax:

Email:

Representative/
Attorney (if known):

(Name of the Representative/Attorney of the Party on whom the Request for Arbitration is made)

Firm Name:

Address:

City:

State/Province/Region:

Country:

Postal Code:

Phone:

Fax:

Email:

To Respondent 3:

(Name of the Party on whom the Request for Arbitration is made)

Address:

City:

State/Province/Region:

Country:

Postal Code:

Phone:

Fax:

Email:

Representative/
Attorney (if known):

(Name of the Representative/Attorney of the Party on whom the Request for Arbitration is made)

Firm Name:

Address:

City:

State/Province/Region:

Country:

Postal Code:

Phone:

Fax:

Email:

From Claimant 2 (name):

(Name of the Party requesting arbitration)

Address:

City:

State/Province/Region:

Country: Postal Code

Phone: Fax:

Email:

Representative/Attorney
of Claimant (if known):

(Name of the Representative/Attorney for the Party Requesting Arbitration)

Firm Name:

Address:

City:

State/Province/Region:

Country: Postal Code:

Phone: Fax:

Email:

From Claimant 3 (name):

(Name of the Party requesting arbitration)

Address:

City:

State/Province/Region:

Country: Postal Code

Phone: Fax:

Email:

Representative/Attorney
of Claimant (if known):

(Name of the Representative/Attorney for the Party Requesting Arbitration)

Firm Name:

Address:

City:

State/Province/Region:

Country: Postal Code:

Phone: Fax:

Email: