

All fields for Parties 1 & 2 are required. Fields for Parties 3 thru 8 are only required if more than 2 parties are participating in arbitration. If more than one party is being represented by the same attorney/firm, all parties can be listed in the same field.

PARTY INFORMATION

PARTY 1

Party 1 Full Name(s)

Party 1 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

PARTY 2

Party 2 Full Name(s)

Party 2 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

CASE INFORMATION

All fields are required.

Case Type:

If Other:

Have the parties signed an agreement containing an arbitration clause?

Have all parties consented to arbitration?

Has the arbitrator been selected?

If yes, who has been selected?

Is this a Consumer Arbitration?

(*Please see the Consumer Addendum to the Consolidated Arbitration Rules for further information.)

The costs of arbitration are to be paid:

How much is the claim seeking?

Please include any additional information for the case administrator here:

Prepared By:

E-mail:

If there are more than 2 parties, please complete pages 3-5. If there are only 2 parties, Please email to forms@usam.com or fax to 314.231.0137

PARTY INFORMATION (for Parties 3-4)

PARTY 3

Party 3 Full Name(s)

Party 3 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

PARTY 4

Party 4 Full Name(s)

Party 4 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

If there are additional parties, please complete page 4. If there are no additional parties, Please email to forms@usam.com or fax to 314.231.0137

PARTY INFORMATION (for Parties 5-6)

PARTY 5

Party 5 Full Name(s)

Party 5 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

PARTY 6

Party 6 Full Name(s)

Party 6 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

If there are additional parties, please complete page 5. If there are no additional parties, Please email to forms@usam.com or fax to 314.231.0137

PARTY INFORMATION (for Parties 7-8)

PARTY 7

Party 7 Full Name(s)

Party 7 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

PARTY 8

Party 8 Full Name(s)

Party 8 Role

Counsel Full Name

Counsel Firm Name

Counsel Address

Counsel Address 2

Counsel City

Counsel State

Counsel Zip Code

Counsel Telephone

Counsel Fax

Counsel E-mail

Please email to forms@usam.com or fax to 314.231.0137