

## INSTRUCTIONS

Please submit this form to JAMS – Denver via email to [arb@jamsdenver.com](mailto:arb@jamsdenver.com). Once the below items are received, a JAMS professional will contact all parties to commence and coordinate the arbitration process, including the appointment of an arbitrator and scheduling a hearing date.

If you wish to proceed with an arbitration by executing and serving a Demand for Arbitration of the appropriate party, please submit the following items to JAMS – Denver:

### **A. Demand for Arbitration Form**

- Please fill out this form in its entirety even if you attach a Complaint or Demand pleading.

### **B. Proof of service of the Demand on the appropriate party**

- Proof of service maybe any of the following; USPS certified mail receipt, FedEx or USP signed confirmation of receipt, affidavit of service or waiver and acceptance of service. A certificate of service does not suffice.

### **C. Entire contract containing the arbitration clause**

- To the extent there are any court orders or stipulations relevant to this arbitration demand, e.g. an order compelling arbitration, please also include them.

- If the parties do not have an arbitration clause in their contract naming JAMS please provide one of the following;

i. A post-dispute Arbitration Agreement fully executed by all Parties specifying JAMS administration or use of any JAMS Rules; or

ii. A pre-dispute written contractual provision requiring the Parties to arbitrate the dispute or claim and specifying JAMS administration or use of any JAMS Rules or that the Parties agree shall be administered by JAMS; or

iii. A written confirmation of an oral agreement of all Parties to participate in an Arbitration administered by JAMS or conducted pursuant to any JAMS Rules; or

iv. The Respondent's failure to timely object to JAMS administration; or

v. A copy of a court order compelling Arbitration at JAMS.

### **D. Administrative Fees**

- For two-party matters, the Filing Fee is \$2,000. For matters involving three or more parties, the filing fee is \$2,500. The entire Filing Fee must be paid in full to expedite the commencement of the proceedings. Please add a separate line in your email stating the check is forthcoming. The address for remittance is 410 17th Street, Suite 2440, Denver, CO 80202.

- JAMS also charges a \$2,000 filing fee for counterclaims. Therefore the Respondent(s) will need to submit payment with their answer if any counterclaims are presented.

## **INSTRUCTIONS** *(Cont.)*

### **E. Minimum Standards**

- Regardless of your choices whether this is a consumer or employment case, if JAMS makes the determination, before or after filing, that it should be reclassified, JAMS reserves the right to do so, guided by one or more of several different sources: the California Rules of Court Ethics Standards for Neutral Arbitrators (Standards 2(d) and (e)), JAMS Consumer Minimum Standards of Procedural Fairness and JAMS Employer Minimum Standards of Procedural Fairness (collectively the “Minimum Standards”), the applicable arbitration agreement, and the individual facts in your case.
- In addition, JAMS may treat a matter as a consumer matter and apply the Employment Minimum Standards where an individual claims to have been misclassified as an independent contractor or otherwise improperly placed into a category other than employee or applicant for employment.
- Ultimately, JAMS may, but need not (either on its own, after objection, and/or after seeking Parties’ input, at JAMS option) first review any applicable arbitration provision in your case and make a determination under the applicable Minimum Standards whether (a) JAMS may take the case and (b) if so, whether the case is properly classified as an employment or consumer case, after review of its guiding materials and (c) what allocation of fees is appropriate.

### **F. Allocation of Fees and Reimbursement**

- For matters involving consumers, the consumer is only required to pay \$250.
- If Respondent disagrees with the assertion of Claimant regarding whether this IS or IS NOT a CONSUMER ARBITRATION, Respondent should communicate this objection in writing to the JAMS Case Manager and Claimant within seven (7) calendar days of service of the Demand for Arbitration.
- For matters based on a clause or agreement that is required as a condition of employment, the employee is only required to pay \$400.
- If Respondent disagrees with the assertion of Claimant regarding whether this IS or IS NOT an EMPLOYMENT ARBITRATION, Respondent should communicate this objection in writing to the JAMS Case Manager and Claimant within seven (7) calendar days of service of the Demand for Arbitration.
- A refund of \$500 will be issued if the matter is withdrawn within five days of filing. After five days, the filing fee is non-refundable.

*Completion of this section is required for all consumer or employment claims.*

*NOTE: Please read the definitions carefully below.*

## CONSUMER MATTERS

Please indicate if this is a CONSUMER ARBITRATION.

YES, this is a CONSUMER ARBITRATION       NO, this is not a CONSUMER ARBITRATION

“Consumer arbitration” means an arbitration conducted under a pre-dispute arbitration provision contained in a contract that meets the criteria listed in paragraphs (1) through (3) below. “Consumer arbitration” excludes arbitration proceedings conducted under or arising out of public or private sector labor-relations laws, regulations, charter provisions, ordinances, statutes, or agreements.

- 1.The contract is with a consumer party, as defined in these standards;
- 2.The contract was drafted by or on behalf of the non-consumer party; and
- 3.The consumer party was required to accept the arbitration provision in the contract.

“Consumer party” is a party to an arbitration agreement who, in the context of that arbitration agreement, is any of the following:

- 1.An individual who seeks or acquires, including by lease, any goods or services primarily for personal, family, or household purposes including, but not limited to, financial services, insurance, and other goods and services;
- 2.An individual who is an enrollee, a subscriber, or insured in a health-care service plan or health-care insurance plan;
- 3.An individual with a medical malpractice claim that is subject to the arbitration agreement; or
- 4.An employee or an applicant for employment in a dispute arising out of or relating to the employee’s employment or the applicant’s prospective employment that is subject to the arbitration agreement.

## EMPLOYMENT MATTERS

If this is an EMPLOYMENT matter, Claimant must complete the following information:

Please indicate if this is an employment arbitration.

YES, this is an EMPLOYMENT ARBITRATION

Private arbitration companies are required to collect and publish certain information at least quarterly, and make it available to the public in a computer-searchable format. In employment cases, this includes the amount of the employee’s annual wage. The employee’s name will not appear in the database, but the employer’s name will be published. Please check the applicable box below:

Less than \$100,000     \$100,000 to \$250,000     More than \$250,000     Decline to State

**TO RESPONDENT** (PARTY ON WHOM DEMAND FOR ARBITRATION IS MADE)

Respondent Name:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)**

Representative/Attorney:   
Firm/Company:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**FROM CLAIMANT**

Claimant Name:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)**

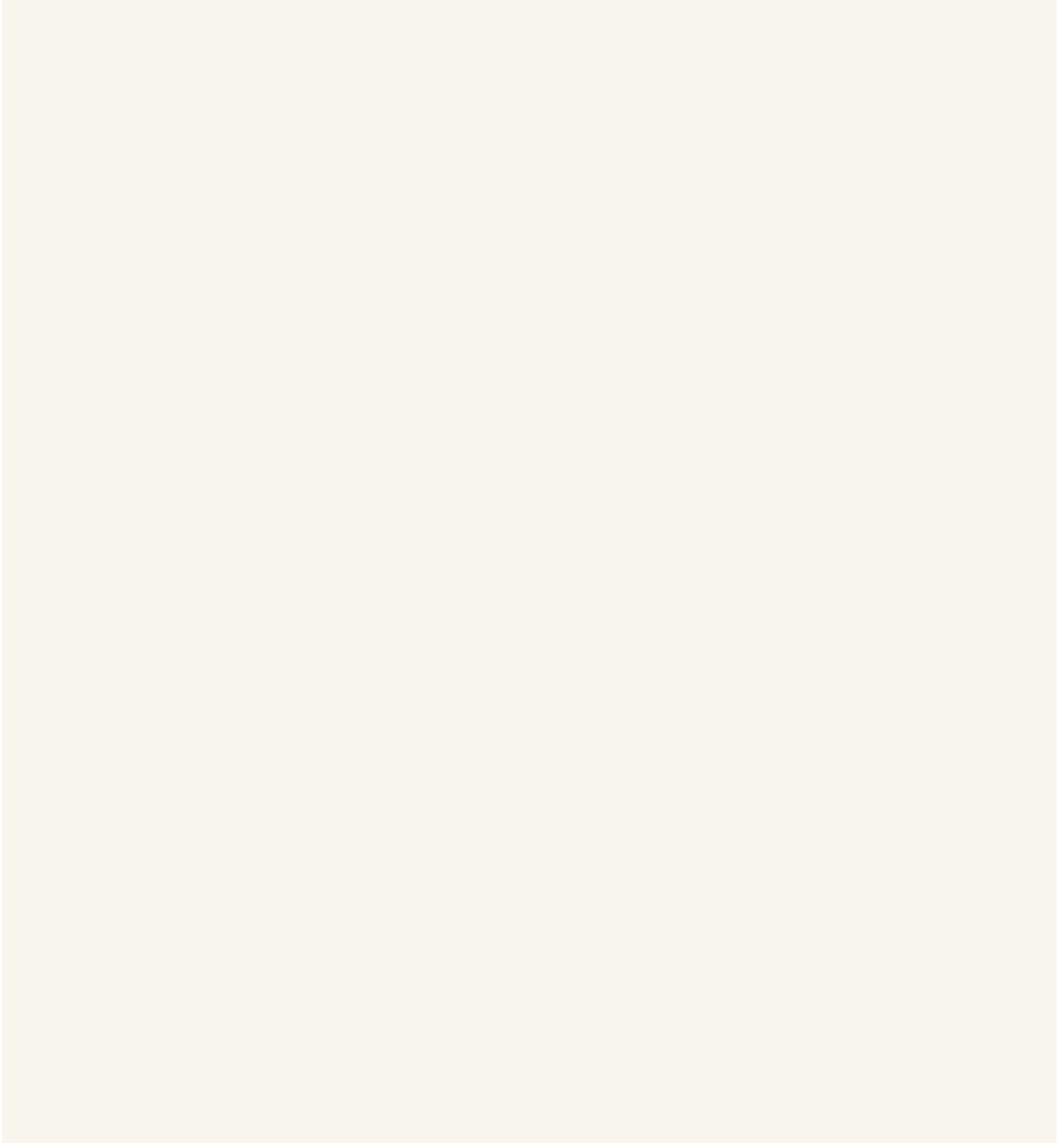
Representative/Attorney:   
Firm/Company:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**MEDIATION IN ADVANCE OF THE ARBITRATION**


If mediation in advance of the arbitration is desired, please check here and a JAMS Case Manager will assist the parties in coordinating a mediation session.

**NATURE OF DISPUTE / CLAIMS & RELIEF SOUGHT BY CLAIMANT**

Claimant hereby demands that you submit the following dispute to final and binding arbitration. A more detailed statement of claims may be attached if needed.



Amount In Controversy (*US Dollars*)



## ARBITRATION AGREEMENT

This demand is made pursuant to the arbitration agreement which the parties made as follows. Please cite location of arbitration provision and attach two copies of entire agreement.

### ARBITRATION PROVISION LOCATION

## RESPONSE

The respondent may file a response and counter-claim to the above-stated claim according to the applicable arbitration rules. Send the original response and counter-claim to the claimant at the address stated above with two copies to JAMS.

## REQUEST FOR HEARING

Requested Location:

## ELECTION FOR EXPEDITED PROCEDURES (IF COMPREHENSIVE RULES APPLY)

**See: Comprehensive Rule 16.1**

By checking the box to the left, Claimant requests that the Expedited Procedures described in JAMS Comprehensive Rules 16.1 and 16.2 be applied in this matter. Respondent shall indicate not later than seven (7) days from the date this Demand is served whether it agrees to the Expedited Procedures.

## SUBMISSION INFORMATION

Signature:

Date:

Name:

(Print/Typed)

**Completion of this section is required for all consumer or employment claims.**

**RESPONDENT #2** (PARTY ON WHOM DEMAND FOR ARBITRATION IS MADE)

Respondent Name:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)**

Representative/Attorney:   
Firm/Company:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**RESPONDENT #3** (PARTY ON WHOM DEMAND FOR ARBITRATION IS MADE)

Respondent Name:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)**

Representative/Attorney:   
Firm/Company:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**CLAIMANT #2**

Claimant Name:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)**

Representative/Attorney:   
Firm/Company:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**CLAIMANT #3**

Claimant Name:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

**CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)**

Representative/Attorney:   
Firm/Company:   
Address:   
City:  State:  Zip:   
Phone:  Fax:  Email:

***Once completed, please submit to JAMS Denver via email at [arb@jamsdenver.com](mailto:arb@jamsdenver.com)***