



DEMAND FOR ARBITRATION

Date: _____

To: Name of Respondent: _____

Address: _____

City, State, ZIP: _____

Email: _____ Telephone: () _____

Attorney (Representative):

Name: _____

(If known)

Address: _____

City, State, ZIP: _____

Email: _____ Telephone: () _____

The named claimant, a party to an arbitration agreement contained in a written contract (attach copy to this Demand), hereby demands arbitration.

Nature of Dispute: _____

Claim or relief sought (Amount): \$ _____

You are hereby notified that a copy of arbitration contract (if applicable) and this Demand are being filed with **Texas Arbitration Mediation Services, Inc.**, at its offices, to commence the administration of the arbitration. You may file an answer after receipt of Demand.

TEXAS **A**RBITRATION **M**EDIATION **S**ERVICES, INC.

501 N. Kansas St., Ste. 101
El Paso, Texas 79901
(915) 533-8267
ana@eptams.com



(Claimant or Representative)

Name of Claimant: _____

Address: _____

City, State, ZIP: _____

Email: _____ Phone: () _____

Name of Attorney Representative: _____

Address: _____

City, State, ZIP: _____

Email: _____ Phone: () _____

**Please send a copy of this Demand, with filing fee
to Texas Arbitration Mediation Services, Inc., and
original to Respondent.**

TEXAS **A**RBITRATION **M**EDIATION **S**ERVICES, INC.

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