AbronADR Services

11800 Merriman Road, Suite 51472 Livonia, Michigan 48154

Arbitration Client Intake Form

As a party to a contract between (Claimant)		representing Company and
(Respondent)		
		representing Company, I would like to request
the following dispute resoluti	on services from AbronADF	Rervices:
ALTERNATIVE DISPUTE RESOLUTION OPTIONS		
☐ BINDING MEDIATION	☐ ARBITRATION	□ EXPERT SERVICES
Claimant's name(s)		
Company name		
Address		
City	State	Zip
Home phone	Office phone	Fax
Cell phone		
Respondent's name(s)		
Company name		
Address		Zip Fax
City	State	Zip
Home phone	Office phone	Fax
Cell priorie	=-IIIaII	
	TO PROVIDE INFORMATION	ERE ARE ADDITIONAL CLAIMANTS RELATED TO AN ATTORNEY OR RTIES.
☐ Arbitration was specified	in the contract.	
$\hfill\Box$ Arbitration was not specified in the contract and services are requested per agreement with the respondent.		
Arbitration was not specified in the contract and services are requested and a certified, return receipt request must be sent to the respondent for their agreement to begin the dispute resolution proceedings requested above		

Your Claim: Add additional sheets as necessary Please describe the nature of the controversy and/or the deficiencies or disputed issues that are involved in the controversy: **Remedy Sought:**

If you are the Claimant, a copy of this form must be sent to the Respondent by certified or registered mail, return receipt requested and obtained, or by service as authorized for the commencement of a civil action as stipulated in the local arbitration statutes or laws in the jurisdiction of record.

DATE

CLAIMANT'S SIGNATURE