

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 resolution services from AbronADR Services:

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 _____	E-mail _____	

Respondent's name(s) _____		
Company name _____		
Address _____		
City _____	State _____	Zip _____
Home phone _____	Office phone _____	Fax _____
Cell phone _____	E-mail _____	

PLEASE SUBMIT AN ADDITIONAL PARTY ADDENDUM IF THERE ARE ADDITIONAL CLAIMANTS OR RESPONDENTS AND/OR TO PROVIDE INFORMATION RELATED TO AN ATTORNEY OR OTHER PERSON WHO IS REPRESENTING EITHER OF THE PARTIES.

- Arbitration was specified in the contract.
- 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.

