

**AMERICAN ARBITRATION ASSOCIATION
SUPPLEMENTARY PROCEDURES FOR
CONSUMER-RELATED DISPUTES**

How to file a claim; consumers should:

- Fill out this form and retain one copy for your records.
- Mail a copy of this form and your check or money order made payable to the AAA, to:
AAA's Case Filing Services, 1101 Laurel Oak Road
Suite 100, Voorhees, NJ 08043. Please consult Section C-8 of the *Supplementary Procedures for Consumer-Related Disputes* for the appropriate fee.
- **Send a copy of this form to the business.**

How to file a claim; businesses should:

- Fill out this form and retain one copy for your records.
- Mail a copy of this form and your check or money order made payable to the AAA, to:
AAA's Case Filing Services, 1101 Laurel Oak Road
Suite 100, Voorhees, NJ 08043. Please consult Section C-8 of the *Supplementary Procedures for Consumer-Related Disputes* for the appropriate fee.
- **Send a copy of this form to the consumer by registered mail, return receipt requested.**

- 1** How is this claim being filed? Check only one.
- By request of the consumer (A copy of the arbitration agreement **must** be attached. A copy of this form **must** also be sent to the business)
- By request of the business (A copy of the arbitration agreement **must** be attached. A copy of this form **must** also be sent to the consumer by registered mail return receipt requested)
- or-
- By mutual agreement ("submission") of the parties (both parties **must** sign this form)

2 Briefly explain the dispute.

3 Do you believe there is any money owed to you? Yes No If yes, how much? _____

4 Are you seeking any other relief? Yes No
If yes, what is it?

5 Preferred hearing locale (if an in-person hearing is held) _____

6 Amount enclosed: _____

7 Fill in the following information:

Consumer

Name of Consumer _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Email Address _____

Signature of Consumer _____

Representative _____

Firm _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Email Address _____

Business

Name of Business _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Email Address _____

Signature of Business _____

Representative _____

Firm _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Email Address _____