

Claimant		
Name of Claimant:		
Address:		
City:	State/Province:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if known):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province:	Zip Code:
Phone No.:	Fax No.:	
Email Address:		
Respondent		
Name of Respondent:		
Address:		
City:	State/Province:	Zip Code:
Phone No.:		
Email Address:		
Name of Counsel/Representative/Attorney (if known):		
Name of Counsel's Firm/Company (if applicable):		
Counsel's Address:		
City:	State/Province:	Zip Code:
Phone No.:	Fax No.:	
Email Address:		

Submission to Dispute Resolution	
<p>The above-named parties hereby submit the following dispute for resolution, under the below selected rules or procedures of the International Institute for Conflict Prevention and Resolution ("CPR").</p>	
<p>Procedure (check only one):</p> <p><input type="checkbox"/> CPR Mediation Procedure <input type="checkbox"/> CPR Fast Track Rules for Administered Arbitration <input type="checkbox"/> CPR Rules for Administered Arbitration</p> <p><input type="checkbox"/> CPR Protocol for Concurrent Mediation-Arbitration [also using the CPR Mediation Procedure and CPR Rules for Administered Arbitration]</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Statement of the general nature of the dispute and relief or remedy sought if arbitration is being demanded (you may attach additional pages if necessary):</p> 	
<p>Value of amount in dispute (in U.S. \$):</p>	
<p>If mediation is selected, mediation session locale requested (city/state or virtual):</p>	<p>Name of neutral (optional - if parties have agreed on a neutral):</p>
<p>If arbitration is selected, we further agree that we the arbitrator(s), and not a court, shall have primary responsibility to hear and determine challenges to the jurisdiction of the arbitrator(s). The arbitration shall be governed by the Federal Arbitration Act, 9 U.S.C. §§ 1 et seq., and judgment upon the award rendered by the arbitrator(s) may be entered by any court having jurisdiction thereof.</p> <p>The place of arbitration shall be (city, state):</p>	
<p>Claimant or representative signature:</p> <p>Date:</p>	<p>Respondent or representative signature:</p> <p>Date:</p>

Information on how to submit this filing and the appropriate filing fee to CPR may be found at <https://www.cpradr.org/dispute-resolution-services/file-a-case>

Please visit [cpradr.org/dispute-resolution-services](https://www.cpradr.org/dispute-resolution-services) to learn more about how to submit your dispute without an ADR clause. For questions, please contact us at +1 646.753.8237 or CPRNeutrals@cpradr.org.