



**DEMAND FOR ARBITRATION**  
*before SBA, Inc*

**(CLAIMANT):**

<b>Representative/Attorney (if known)</b>	<b>Representative/Attorney (if known)</b>
Name: Law Firm: Address:  Telephone: Facsimile: Email:	Name: Law Firm: Address:  Telephone: Facsimile: Email:

**(RESPONDENT):**

<b>Representative/Attorney (if known)</b>	<b>Representative/Attorney (if known)</b>
Name: Law Firm: Address:  Telephone: Facsimile: Email:	Name: Law Firm: Address:  Telephone: Facsimile: Email:

**NATURE OF DISPUTE:** Statement of amount of claim and relief sought that you submit the following dispute to arbitration.

(attach additional pages if necessary)

**ARBITRATION AGREEMENT:** This demand is made pursuant to the arbitration agreement you made on \_\_\_\_\_ (date)

**NOTICE TO RESPONDENT(S):** You may file a response and counter-claim to the claims asserted in this demand. Send the original of the response and counter-claim to the Claimant at the address stated above, with copies to the SBA Inc. office checked below. If you object to the locale selected or to SBA Inc. administering the matter, please notify the SBA Inc office immediately.

**CLAIMANT'S SIGNATURE** (may be signed by an attorney):

Signature

Date

Print Name

Title (if Claimant is a company)

**DIRECTIONS FOR SUBMITTING DEMAND FOR ARBITRATION**

1. Serve the Demand: Please serve a copy of the Demand for Arbitration, and any additional claim documents to opposing counsel (or the opposing party if not or not yet represented by counsel).
2. Payment of Fee: Payment of filing and case management fee in the amount of \$990.00 to SBA. for the required and submit to the applicable SBA Inc along with your Demand for Arbitration.