



SMU Legacy Mediation & Conflict Resolution Services

AGREEMENT TO ARBITRATE

CLAIMANT

Name _____
Phone # _____
Address _____

Attorney/ Representative

Name _____
Phone # _____
Fax # _____
Email _____
Address _____

Available Dates for Arbitration:

Brief Statement of Issue: _____

Brief Statement of Remedy Requested:

Procedural Changes:

Procedure Number and Title _____

Description of Changes: _____

Decision:

Shall be _____ **Binding** _____ **Not Binding**

I have read and am familiar with the Rules of Procedure and agree to abide by those procedures unless mutually modified, as noted above. I agree to accept the decision of the arbitrator.

Claimant Signature

Date

Respondent Signature

Date

RESPONDENT

Name: _____
Phone # _____
Address _____

Attorney/ Representative

Name _____
Phone # _____
Fax # _____
Email _____
Address _____

Available Dates for Arbitration:

Brief Statement of Issue: _____

Brief Statement of Remedy Requested:

