

FAM Instructions for Submission of Arbitration

The following items are required to be submitted to FAM when filing and executing a Demand for Arbitration, Submission Agreement (Arbitration) or Court Ordered Arbitration with FAM:

- A. Two (2) copies of the **Demand for Arbitration** (or Submission Agreement or court order documents if applicable);
- B. **Proof of service**; two (2) copies of a written "Delivery Confirmation" of Demand for Arbitration sent to the disputing party and/or counsel (the Delivery Confirmation can be an e-mail receipt, United States Postal Service: Return Receipt, or tracking receipt from Express Mail or other courier service).
- C. Two (2) copies of the dispute resolution section of the Franchise Agreement that was originally signed by the parties named in the Demand).
- D. Two (2) copies of the "Summary of Nature of Dispute" and any additional applicable documentation.
- E. Initial non-refundable check or checks payable to FAM in the aggregate amount of \$1,000 (for a single arbitrator proceeding) or \$2,750 (for a multiple arbitrator proceeding).

FAM will confirm receipt of the Demand for Arbitration and assign a case number upon delivery of all materials requested above. If you have any questions, please contact FAM's Administrator, Brandi Newell via e-mail: brandi@franarb.com.

FRANCHISE ARBITRATION AND MEDIATION SERVICES

DEMAND FOR ARBITRATION

TO: _____
(Name of Respondent – the party upon whom the demand is made)
Whose address, telephone number and e-mail is: _____

WITH A COPY TO: _____
(Name of Respondent's representative)
Whose address, telephone number and e-mail is: _____

On or about _____ [Insert Date], Respondent and the below named Plaintiff entered into an agreement to arbitrate disputes between Respondent and Plaintiff before an arbitrator referred by FranArb, Inc., doing business as Franchise Arbitration and Mediation Services ("FAM"), in accordance with FAM's Arbitration Guidelines (available for review at www.franarb.com). BE ADVISED that Plaintiff hereby demands arbitration of its dispute with Respondent.

Arbitration is to be conducted at _____ [Insert County and State]. Attached to this Demand for Arbitration ("Demand") is the clause of the franchise agreement or other contract that provides for arbitration of disputes. Copies of the arbitration agreement and this Demand are being filed with FAM, 650 Town Center Drive, Suite 1400, Costa Mesa, California 92626-7020, and constitute a request that FAM commence the process of screening and referring potential arbitrators to Plaintiff and Respondent. In order to avoid a possible default award, Respondent must file a response to this Demand within 30 days after its receipt of this Demand. If either Plaintiff or Respondent has a question about this Demand or the related procedures, they must contact FAM by FAX at (949) 856-3245 or by phone at (949) 854-0374.

Also attached to this Demand is a check or checks payable to FAM in the aggregate amount of \$1,000 (for a single arbitrator proceeding) or \$2,750 fee (for a multiple arbitrator proceeding), as FAM's non-refundable and one-time administrative fee for coordinating the arbitration. Within 30 days after the arbitrator is selected, each disputing party is required to pay 1/2 of the arbitrator's retainer. Each FAM arbitrator will invoice the parties directly for the arbitrator's services at his or her hourly rate (not to exceed \$500). Final payment for services rendered by the arbitrator must be made within five business days after the conclusion of the arbitration hearing. A written award or other decision will be transmitted to the parties not later than 20 business days after the arbitrator has received full payment for the arbitrator's services. Both Plaintiff and Respondent are advised that no award or other decision will be made unless the arbitrator has received full payment.

PLAINTIFF'S SUMMARY OF NATURE OF DISPUTE: _____

DAMAGES OR RELIEF SOUGHT: _____

NAME OF PLAINTIFF: _____

ADDRESS: _____

TELEPHONE () _____ FAX () _____

PLAINTIFF'S REPRESENTATIVE: _____

ADDRESS: _____

TELEPHONE () _____ FAX () _____

SIGNED: _____ TITLE: _____ DATE: _____