**Request to Commence Arbitration**

Requesting Attorney and Party #1:

|  |  |
| --- | --- |
| Party #1 |  |
| Attorney |  |
| Address |  |
| City, State and Zip Code |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

Attorney and Party #2:

|  |  |
| --- | --- |
| Party #2 |  |
| Attorney |  |
| Address |  |
| City, State and Zip Code |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

(use Page 3 for additional parties/attorneys if needed)

**Is the matter in dispute pending litigation in a court of civil jurisdiction** (select one)**?**

If yes, please attach a copy of the original complaint.

**Has discovery been completed** (select one)**?**

**Do the parties request a scheduling conference** (select one)**?**

**Arbitration** (check one):

|  |  |
| --- | --- |
|  | By agreement of the parties |
|  | By arbitration clause provided in contract (please attach copy of contract) |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Nature of Dispute and Amount of Claim:**

      \_\_\_\_

**Estimated time needed for hearings overall** (select one)**:**        Days

**Selection of Neutral to Serve as Arbitrator:**

|  |  |
| --- | --- |
|  | Selected by the Parties  (please use drop-down list to identify) |
|  | Appointed by Perry Dampf Dispute Solutions |
|  | Ranking Method to be used |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

To begin proceedings, please print and send this original request and any attachments, along with a $600 administrative fee to: Perry Dampf Dispute Solutions, 721 Government Street, Suite 200, Baton Rouge, LA 70802, with a copy to all opposing counsel.

I hereby certify that the above and foregoing is true and correct.

January 26, 2024

Signature

Name printed:

**Additional Parties or Attorneys (if needed)**

Attorney and Party #3:

|  |  |
| --- | --- |
| Party #3 |  |
| Attorney |  |
| Address |  |
| City, State and Zip Code |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

Attorney and Party #4:

|  |  |
| --- | --- |
| Party #4 |  |
| Attorney |  |
| Address |  |
| City, State and Zip Code |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |