



TEXAS ARBITRATION  
GROUP

**ARBITRATION COVER SHEET**

CLAIMANT'S NAME

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REPRESENTATIVE/ATTORNEY

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ADDRESS

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ADDRESS

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NATURE OF CLAIM

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PHONE NUMBER

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AMOUNT IN CONTROVERSY

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EMAIL ADDRESS

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RESPONDENT'S NAME

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REPRESENTATIVE/ATTORNEY

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ADDRESS

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ADDRESS

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PHONE NUMBER

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EMAIL ADDRESS

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Location of the Hearing (Unless otherwise agreed, will be held within fifty (50) miles of the Claimant's residence at the time the claim arose.)

The named Claimant/Respondent, a party to an Arbitration Agreement, hereby demands arbitration, as set out in the Original Complaint in Arbitration.

Signature

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