



Transportation ADR Council Arbitration/Mediation Referral Form

1. **Parties**

a) **Name:** _____

Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

b) **Name:** _____

Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

2. **Representatives**

a) **Name:** _____

Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

b) **Name:** _____

Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

3. **Nature of Dispute:** _____

4. **Amount in Controversy** (List each party's claim and/or counterclaim)

a) **Party:** _____ **Amount:** \$ _____

b) **Party:** _____ **Amount:** \$ _____

5. **Preferred Arbitration/Mediation Location:** _____

6. **Preferred Arbitration Format:**

- Written Submissions only
- Written Submissions with conference call
- Live hearing
- Fast Track Arbitration Requested

Please attach the agreement to arbitrate or mediate and send to the Transportation ADR Council Administrator:
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Long Beach, California 90802
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