



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 one of the
Transportation ADR Council Administrator:**

Daniel L. Fulkerson
Seahorse Express, Inc.
110 Vintage Park Blvd., Ste 245
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D.Fulkerson@seahorseexpress.com
201-955-1199 x 115
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OR

Bridgette Blitch
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9100 Conroy Windermere Rd Ste 200
Windermere, FL 34786
bblitch@bwesq.com
(407) 618-4776

Please send payment of \$385 to:

Transportation Lawyers Association
PO Box 723248
Atlanta, GA 31139

*Please note on the memo line that your payment is for ADR