

Transportation ADR Council Arbitration/Mediation Referral Form

1.	Part	ies			
	a)	Name:			
		Address:			
		_			
		Phone:	Fax:		
		E-Mail:			
	b)	Name:			
		Address:			
		_			
		Phone:	Fax:		
		E-Mail:			
2.	<u>Rep</u>	<u>resentatives</u>			
	a)	Name:		_	
		Address:		_	
		-			
		Phone:	Fax:		
		E-Mail:			
	b)	Name:			
		Address:			
		-			
	Phone:		Fax:		
		E-Mail:			
3.	Nat	ure of Dispute	<u>}:</u>		
4.	Amount in Controversy (List each party's claim and/or counterclaim)				
	a)		Amount:	\$	
	b)	Party:	Amount:	\$	
5.	Pref	erred Arbitra	tion/Mediation Location:		
6.	Pre	Preferred Arbitration Format:			
		Written Subm			
		 Written Submissions with conference call Live hearing 			
			bitration Requested		

Please attach the agreement to arbitrate or mediate and send to one of the Transportation ADR Council Administrator:

Daniel L. Fulkerson Wilson Elser Moskowitz Edelman & Dicker LLP Two Houston Center 909 Fannin Street, Suite 3300 Houston, TX 77010 dan.fulkerson@wilsonelser.com 713-353-2095

OR

Bridgette Blitch Blitch Westley Barrette, S.C., 9100 Conroy Windermere Rd Ste 200 Windermere, FL 34786 <u>bblitch@bwesq.com</u> (407) 618-4776

Please send payment of \$385 to:

Transportation Lawyers Association 529 14th St NW #1280 Washington, DC 20045

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