



TEXAS ARBITRATION
GROUP

MEDIATION COVER SHEET

CLAIMANT'S NAME

ADDRESS

NATURE OF CLAIM

AMOUNT IN CONTROVERSY

RESPONDENT'S NAME

ADDRESS

PHONE NUMBER

REPRESENTATIVE/ATTORNEY

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

REPRESENTATIVE/ATTORNEY

ADDRESS

EMAIL ADDRESS

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