

# Arbitration Service of Portland, Inc.

620 SW 5th Ave.  
Suite 1010  
Portland, Oregon 97204

(503) 226-3109  
1-800-423-1216

fax (503) 226-3072  
www.arbserve.com

## STATEMENT OF CLAIM

(To initiate an arbitration pursuant to a contractual provision that requires arbitration and which either requires/permits the arbitration in accordance with ASP's rules or the initiating party proposes that the required arbitration be administered by ASP under its rules.)

- 1. Commencement of Arbitration.** The Claimant identified below hereby initiates arbitration by paying to Arbitration Service of Portland, Inc. (ASP) the required filing fee, by filing with ASP this Statement of Claim, and by serving a copy thereof on the Opposing Party.
- 2. Statement of Claim.** The following summarizes the basis of Claimant's claim, the relief sought, the dollar amount of any money demand, whether interest is claimed, whether attorney's fees are claimed (and, if so, whether based on contract or statute), and, to the extent known by claimant, the Opposing Party's denial or defense thereto:

(Attach separate sheet if necessary)

- 3. Claimant.** The name, address, and telephone number of Claimant and Claimant's attorney (if any):

Claimant:

Claimant's Attorney:

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

# Arbitration Service of Portland, Inc.

**4. Opposing Party.** The name, address, and telephone number of Opposing Party (or parties) and its/their attorney (if any):

Opposing Party:	Attorney:
Name: _____	_____
Address: _____	_____
_____	_____
_____	_____
Telephone: _____	_____
(attach separate sheet to name additional parties)	

**5. Predispute Agreement.** Claimant encloses a copy of the written agreement (or the pertinent portions thereof) that contains the provision requiring arbitration of the above dispute (including the pages thereof that reveal the parties, their signatures, and the arbitration clause that designates ASP).

**6. Service on Opposing Party.** Claimant acknowledges that ASP arbitration rule 1 requires Claimant to serve on each Opposing Party and each such party's attorney, if known, a copy of this Statement of Claim and a copy of the Predispute Agreement (or the pertinent portions thereof), and that such service can be accomplished by mailing said copies to their last known address or by delivery (pursuant to ASP rule 3A).

**7. Filing Fee.** Claimant must pay the entire non-refundable filing fee, computed as follows: if the dollar amount of the dispute does not exceed \$100,000, the filing fee is \$400 for a two-party dispute, plus \$100 for each additional party. If the dispute exceeds \$100,000, the filing fee is \$600 for a two-party dispute, plus \$200 for each additional party. (See Rule 1D for examples.)

Date: \_\_\_\_\_

Signature of Claimant or Claimant's Attorney: \_\_\_\_\_

Print signer's name: \_\_\_\_\_

Representative capacity: \_\_\_\_\_  
(Attorney, President, Partner, Party, etc.)

## INSTRUCTIONS

### Mail or deliver to ASP:

1. This signed Statement of Claim.
2. A copy of the predispute agreement.
3. Your filing fee check, payable to "Arbitration Service of Portland."

### Mail to each opposing party:

(and to such party's attorney, if known)

1. A copy of this signed Statement of Claim.
2. A copy of the predispute agreement.