



**THE NATIONAL CENTER FOR DISPUTE SETTLEMENT  
DEMAND FOR RESOLUTION OF FINANCIAL DISPUTE  
(ARBITRATION OF DISPUTE)**

43230 Garfield Road, Suite 130, Clinton Twp., MI 48038  
TEL: 586-226-2470 FAX: 586-226-2559

To initiate the proceeding, please complete this form and send a copy of it along with the \$125.00 administrative filing fee payable to: *The National Center for Dispute Settlement*. The financing entity will be billed for the balance of the administrative fee (\$575.00) and the neutral's fee once the case is initiated.

**PLEASE NOTE: All payments must be received in order to schedule the hearing.**

Claimant:	_____	Respondent:	_____
Attorney:	_____	Attorney:	_____
Attorney Address:	_____	Attorney Address:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____

DESCRIPTION OF DISPUTE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMITTAL SIGNATURE:** The appointment of an arbitrator for this dispute, pursuant to NCDS Rules for the Resolution of Financial Disputes, is hereby requested by the individual whose signature appears below.

Authorized Representative: \_\_\_\_\_

(Signature)

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

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

Claimant / Respondent (please circle one)