

Date: _____

Arbitration # _____

Arbitration/Hearing Request Form

Claimant and Accused “must” have attempted to resolve the dispute by self-governance* with no resolve. This is a request for the Court Clerk to schedule an Arbitration Hearing of:

Claimant: Name : _____
ASN/ASC or USC/CUS : _____
CC or ID : # _____
Contact Addresses: e-mail: _____
PO Mail: _____

Accused: Name : _____
ASN/ASC or USC/CUS : _____
CC or ID : # _____
Contact Addresses: e-mail: _____
PO Mail: _____

----- **Clerks Notes** -----

Date: _____

Arbitration # _____

Venue: Criminal/Intentional or Civil/Accidental

Transgress/De Jure or Trespass/De Facto

***When Claimants Form A-2 is received & reviewed, send Invitation to Rebut Form A-3 to the Accused**

***Attachments will be verified for authenticity and accuracy**

***All Completed Arbitration Forms will be distributed to the Arbitrators**

-----Clerks Notes Continued-----