



SAVIÑÓN MEDIATION & ARBITRATION

ALTERNATIVE DISPUTE RESOLUTION SERVICES

ARBITRATION INTAKE FORM

For Initial Case Review and Tribunal Acceptance

Please complete this form and submit it by email to intake@savinonADR.com, together with any relevant agreements or supporting documents. Submission of this form is for **administrative review and conflict checking only** and does not constitute commencement of an arbitration or acceptance of the matter.

I. PARTY INFORMATION

Claimant / Filing Party		
Name of Claimant(s):		
Address:		
City:	State:	Zip Code:
Phone No.:	Email:	
Claimant's Counsel		
Attorney Name:		
Law Firm:		
Address:		
City:	State:	Zip Code:
Telephone No.:	Email:	

Respondent / Responding Party No. 1		
Name of Respondent(s):		
Address:		
City:	State:	Zip Code:
Phone No.:	Email Address:	
Respondent's Counsel		
Attorney Name:		
Law Firm:		
Address:		
City:	State:	Zip Code:
Telephone No.:	Email:	

Respondent / Responding Party No. 2		
Name of Respondent(s):		
Address:		
City:	State:	Zip Code:
Phone No.:	Email Address:	
Respondent's Counsel		
Attorney Name:		
Law Firm:		
Address:		
City:	State:	Zip Code:
Telephone No.:	Email:	



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II. ARBITRATION AGREEMENT

Does the dispute arise from a written contract containing an arbitration clause?

- Yes
- No
- Unsure

If **yes**, attach a copy of the contract or arbitration provision.

III. NATURE OF DISPUTE

Please indicate the category that best describes the dispute (check one):

- Commercial
- Contract
- Business Tort
- Medical Malpractice / Long-Term Care
- Other: _____

Number of Parties Involved: _____

Preferred Arbitration Format:

- Virtual
- In-Person
- Hybrid

Requested Hearing Location (if in-person): _____

IV. SUMMARY OF DISPUTE

Brief Description of the Dispute (attach additional pages if necessary):



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V. CLAIMS AND RELIEF REQUESTED

Estimated Amount in Controversy: \$ _____

Type of Relief Requested (check all that apply):

- Monetary Damages
- Declaratory Relief
- Injunctive Relief
- Specific Performance
- Attorneys' Fees
- Pre-judgment Interest
- Post-judgment Interest
- Other: _____

Description of Relief Sought: _____

VI. ARBITRATION PREFERENCES

Preferred timeframe for scheduling preliminary conference:

- Within 14 days
- Within 30 days
- Flexible

Estimated Hearing Length:

- 1 day
- 2-3 days
- 4+ days
- Unknown at this time



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VII. RELATED PROCEEDINGS

Are there any related court proceedings? Yes No

If yes, identify court and case number: _____

Are there any related arbitrations or mediations? Yes No

If yes, describe: _____

VIII. DOCUMENTS SUBMITTED WITH INTAKE *(check all that apply)*

Arbitration Agreement / Contract

Complaint

Demand for Arbitration

Relevant Contract Documents

Court Order Referring Case to Arbitration

Key Correspondence

Pleadings from Related Litigation

Other (describe): _____

IX. CONFLICT DISCLOSURE INFORMATION

Please identify any **non-party individuals or entities** who are likely to be involved in the arbitration or whose relationship to the dispute may be relevant for conflict checking (for example, key witnesses, experts, insurers, parent or affiliated companies, or third-party administrators):

X. CERTIFICATION

The undersigned certifies that the information provided in this *Arbitration Intake Form* is accurate to the best of their knowledge and is submitted for the purpose of initiating arbitration.

Name: _____ Title / Capacity: _____

Signature: _____ Date: _____