

**ASSOCIATION OF PROFESSIONAL  
ARBITRATORS AND MEDIATORS, L.L.C. ("APAM")  
ARBITRATION RULES  
ANSWERING STATEMENT**

TO: Name of Claimant			Name of Representative (if known)		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	
RESPONDENT ANSWERS CLAIMANT'S DEMAND FOR MEDIATION/ARBITRATION AS FOLLOWS:					
BINDING MONETARY OFFER (FAIREST OFFER RULES ONLY)					
\$ _____					
DOLLAR AMOUNT OF COUNTERCLAIM \$			OTHER RELIEF SOUGHT		
SPECIAL MATTERS THE APAM SHOULD BE AWARE OF (if any):					
ESTIMATED TIME NEEDED FOR ARBITRATION HEARING (if required) _____ hours or _____ days					
Is the amount in controversy (exclusive of attorneys' fees and mediation/arbitration expenses) less than \$30,000? Yes ___ No ___					
Is the amount in controversy (exclusive of attorney's fees and mediator/arbitrator expenses) over \$100,000? Yes ___ No ___					
If the amount in controversy exceeds \$100,000, do you request a three-member arbitration panel? Yes ___ No ___					

Signature (may be signed by a representative)	Title	Date
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Name of Respondent			Name of Representative		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Phone No.	Fax No.		Phone No.	Fax No.	
Email Address			Email Address		
PLEASE SEND A COPY OF THIS ANSWERING STATEMENT AND THE FEE FOR COUNTERCLAIM TO APAM. SEND THE ORIGINAL ANSWERING STATEMENT TO THE CLAIMANT.					