

Colorado Mediators & Arbitrators

PO Box 460922, Aurora CO 80046-0922 | Phone 303.488.3334 | Fax 866.435.9437 | support@coma.com | http://coma.com



Arbitration Submission Agreement | Standard Hearing | Claims of \$75,000 & Over

Information is Available on Colorado Mediators & Arbitrator's Website:

1. Arbitration Fee Schedule: <http://coma.com/arbitration-fee-agreement>
2. Arbitration Rules of Procedure: <http://coma.com/rules/arbitration>
3. Procedural Questions answered by email when not addressed in Rules of Procedure: Support@COMA.com

Standard Hearing - Standard hearings for Large Claims Arbitrations consist of one or more pre-hearing teleconferences followed by a hearing attended in person by the parties and their attorneys, when represented. The necessary hearing time is determined by the parties.

Claimant #1 Information	Claimant #2 Information
Claimant <input type="text"/>	Claimant <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Phone # <input type="text"/> Fax # <input type="text"/>	Phone # <input type="text"/> Fax # <input type="text"/>
E-mail <input type="text"/>	E-mail <input type="text"/>
<input type="checkbox"/> Claimant #1 agrees to communication and the exchange of documentation via e-mail & other electronic means.	<input type="checkbox"/> Claimant #2 agrees to communication and the exchange of documentation via e-mail & other electronic means.

Dollar Amount of Claim \$ Other Relief Sought: Attorney's Fee Arbitration Costs Interest

Type of Claim - The dispute is decided by standard hearing and the arbitrator's examination of the written claims and responses, contract, and evidence submitted by the parties. Attach Complete Statement of Claim, Copy of Contract and Other Documents Separately.

The named claimant(s), a party to an arbitration agreement dated hereby submit the dispute to binding arbitration.

Respondent Information: Claimant must supply accurate contact information for all named Respondents:

Respondent #1 <input type="text"/>	Respondent #2 <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Phone # <input type="text"/> Fax # <input type="text"/>	Phone # <input type="text"/> Fax # <input type="text"/>
E-mail <input type="text"/>	E-mail <input type="text"/>



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THE CLAIMANT SUBMITS ALL MATTERS IN CONTROVERSY, as set forth in the Statement of Claim, Answers, and all related Counterclaims which may be asserted, to arbitration in accordance with the provisions of the arbitration agreement contained in the contract. The undersigned agrees to the use of Colorado Mediators & Arbitrators Procedural Rules.

The undersigned parties hereby state that they have read Colorado Mediators & Arbitrators Rules of Procedure specified above.

The undersigned parties agree that the hearing shall be held at a time designated by Colorado Mediators & Arbitrators or the Arbitrator.

The undersigned parties agree to abide by and perform any award rendered pursuant to this arbitration and further agree that a judgment and any interest due thereon may be entered upon such award by any court of competent jurisdiction to which the parties motion for such judgment.

\$850 Initial Filing Fee for Standard Hearing. Arbitrator hourly rates apply; travel & expenses, & facility reimbursement apply. I have included the completed Arbitration Fee Agreement for Claimants with my Submission Agreement.

The filing parties sign and acknowledge the above:

Claimant#1	<input type="text"/>	Claimant#2	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Notice to Claimant:

1. To initiate arbitration, Claimant completes pages 1, 2 of this Submission Agreement. Accurate Contact information for all named Respondents must be supplied by Claimant. If Respondent is a company, the Registered Agent of record must be listed (obtained from Colorado Secretary of State <http://sos.state.co.us/>).
2. Send pages 1-3 of this form, completed Claimant's Fee Agreement and attachments to Colorado Mediators & Arbitrators at the address listed above. Attachments should include a written detailed statement of the dispute, documentation, and a copy of the contract with an arbitration provision.
3. On the same date of filing with Colorado Mediators & Arbitrators, serve all named Respondents pages 1-3 of this form, Respondent's Fee Agreement for Respondent to complete, and a complete copy of all attachments supplied to COMA in a manner that can be demonstrated, such as certified mail receipt, e-mail with a return receipt request & confirmation of receipt, or by personal process service.
4. Provide proof of service to Colorado Mediators & Arbitrators once received.
5. Print the Arbitration Procedural Rules at <http://coma.com/rules/arbitration> to refer to during the tenure of the case.

Notice to Respondent:

1. You are hereby notified that the dispute arising out of the terms and conditions of the contract listed above and this Submission Agreement are being filed with Colorado Mediators & Arbitrators, with a request that it commence administration of arbitration proceedings.
2. You have 30 days from the date of service to respond. Complete page 3 of this Submission Agreement and deliver one copy to COMA and one copy to the Claimant, along with your written detailed response, any attachments in a manner that can be demonstrated, such as certified mail receipt, e-mail with a return receipt request & confirmation of receipt, or by personal process service.. The required filing fee must be delivered with the response to COMA to be deemed "filed." If no response is received, arbitration may proceed based on the facts and evidence presented by the Claimant.
3. Print the Arbitration Procedural Rules at <http://coma.com/rules/arbitration> to refer to during the tenure of the case.



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- Filed Timely - within 30 Days of Service or Receipt of Claimant's Submission Agreement
- Not Filed within 30 Days of Service or Receipt of Claimant's Submission Agreement

Respondent #1 Current Contact Information

Respondent #2 Current Contact Information

Respondent #1 agrees to communication and the exchange of documentation via e-mail & other electronic means.

Respondent #2 agrees to communication and the exchange of documentation via e-mail & other electronic means.

Counter Claim and Other Relief Sought

\$

Attorney's Fees Arbitration Costs Interest

Response to Claim - This dispute is decided by standard hearing and the arbitrator's examination of the written claims and responses, contract, and evidence submitted by the parties. Attach Complete Statement of Claim, Copy of Contract and Other Documents Separately.

Acknowledgements

THE NAMED RESPONDENT HEREBY SUBMITS ALL MATTERS IN CONTROVERSY, as set forth in the Attached Answers and Response to Claimant's Statement of Claim, and all related Counter Claims which may be asserted, to arbitration in accordance with the provisions of the arbitration agreement contained in the contract. The undersigned agrees to the use of Colorado Mediators & Arbitrators Procedural Rules.

- I disagree with the use of the arbitration rules chosen by the Claimant based on a contractual requirement of the use of the following:

Specify

If a signed contract does not identify specific arbitration rules, or by the parties' agreement, the proceedings will be conducted in accordance with Colorado Mediators & Arbitrator's Procedures.

The undersigned parties hereby state that they have read Colorado Mediators & Arbitrators Rules of Procedure specified above.

The undersigned parties agree that the hearing shall be held at a time designated by Colorado Mediators & Arbitrators or the Arbitrator.

The undersigned parties agree to abide by and perform any award rendered pursuant to this arbitration and further agree that a judgment and any interest due thereon may be entered upon such award by any court of competent jurisdiction to which the parties motion for such judgment.

\$850 Initial Filing Fee for Standard Hearing. Arbitrator hourly rates apply; travel & expenses, & facility reimbursement apply. I have included the completed Arbitration Fee Agreement for Respondents as part of my Response.

The parties sign and acknowledge the above:

Respondent #1

Respondent #2

Signature

Signature

Date

Date



Claimant Arbitration Fee Agreement

Colorado Mediators & Arbitrators™ | COMA requires a valid credit card or debit card to be kept on file to secure dispute resolution fees. Unless payment arrangements are made in advance COMA will charge dispute resolution fees to the credit or debit card on file. Fee Schedule posted at <http://coma.com/arbitration-fee-agreement>.

1. **FILING FEES:** Non-refundable administrative filing fees are due upon signing the arbitration submission agreement and are determined by claim amount and type of hearing:
 - \$850 for Claims of \$75,000 & Over: **Standard Hearing:** arbitrator hourly rates apply; travel & expenses, & facility reimbursement apply.
 - \$850 for Claims of \$74,999 & Under: **Teleconference Hearing:** all-inclusive fee when total teleconference time does not exceed three hours. Total teleconference time includes Pre-Hearing Conferences and Teleconference Hearings.
 - \$700 for Claims of \$14,999 & Under: **Documentary Hearing:** all-inclusive.
2. **ARBITRATOR HOURLY RATE:**
 - A. \$125 per party per hour block of time in hearing and teleconferences
 - B. \$ 30 per quarter-hour per party for review of documents and award writing
3. **CHARGES:** Fees for teleconferences and hearings are due and processed upon confirmation of scheduling.
4. **OUTSTANDING BALANCES AND COLLECTIONS:** COMA shall not be required to provide any award, decision or work product produced by a mediator or arbitrator until all charges and fees are paid. Outstanding balances payable to COMA are subject to a compounding monthly interest rate of 2%. Parties agree to pay any fees or costs incurred by COMA to collect any outstanding amounts owed by client. Such fees and costs may include, but shall not be limited to, collection agency commissions, fees or charges; attorney fees and costs; and court costs. Each party shall be jointly and severally liable for the fees and costs incurred pursuant to this paragraph.
5. **CANCELLATION POLICY:** Eligible refunds are subject to a \$90 processing fee. Hearings or teleconferences cancelled within 10 business days of the event forfeit the full cost of teleconference or hearing..

Authorized
Credit/Debit
Card Holder's
Comments

Visa / MasterCard #

Discover and American Express not accepted

Expiration Date

V-Code

Name on Card

Billing Address

Billing City ST Zip

Phone # of Card Holder

I understand and agree to each of the provisions of this agreement. I authorize charges by Colorado Mediators & Arbitrators™ | COMA for fees related to the following party'(s) arbitration fees:

Signature of Card Holder _____ Date _____

Printed name of Card Holder _____



Respondent Arbitration Fee Agreement

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