



Arbitration Submission Agreement | Teleconference Hearing | Claims of \$15,000 - \$74,999

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

Teleconference Hearing - Teleconference hearings for Mid-Size Arbitrations Claims consist of the presentation of documents, electronic evidence, and testimony by teleconference. A flat fee is offered when total teleconference time does not exceed three hours. Total teleconference time includes all Initial Pre-Hearing Conferences and Teleconference Hearings. Either party to a mid-size dollar claim may require the use of standard arbitration procedures. The corresponding fee schedule to the arbitration procedure shall then apply. The party who requires the standard arbitration procedures shall pay all costs in excess of the mid-size claims fees for both parties at the time of the demand; the arbitrator may shift these costs as equitable in the award. If a party demands a Standard Arbitration Hearing but does not pay the additional costs associated with these procedures, the arbitration will move forward according to the Teleconference Arbitration Procedures described in these rules.

Claimant #1 Information

Claimant

Address

Phone # Fax #

E-mail

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

Claimant #2 Information

Claimant

Address

Phone # Fax #

E-mail

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

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

Respondent #1

Address

Phone # Fax #

E-mail

Respondent #2

Address

Phone # Fax #

E-mail

Type of Claim - The dispute is decided by teleconference and the arbitrator's examination of the written claims and responses, contract, and digital evidence submitted by the parties. A total 3 hours of teleconference is included for a flat fee. 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.

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



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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 teleconference 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 per party all-inclusive fee for Teleconference hearing. 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 10 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 10 Days of Service or Receipt of Claimant's Submission Agreement

Not Filed within 10 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

I require a physical hearing of the evidence utilizing standard arbitration procedures. I acknowledge that the additional costs associated with this type of hearing will initially be paid by me. The arbitrator may shift these costs in the award as s/he deems equitable.

Response to Claim - The dispute is decided by teleconference and the arbitrator's examination of the written claims and responses, contract, and digital evidence submitted by the parties. A total 3 hours of teleconference is included for a flat fee. 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 teleconference 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 per party all-inclusive fee for Teleconference Hearing. 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

Email

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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Name on Card

Billing Address

Billing City ST Zip

Phone # of Card Holder

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Printed name of Card Holder _____