

Notice of Request to Arbitrate

Claimant filing the Notice of Request to Arbitrate:

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

Claimant's Counsel:

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

This Form Constitutes the Official Request to Arbitration under the DRB Arbitration Rules

Respondent - 1:

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

Respondent's Counsel:

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

Respondent - 2 (if applicable):

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

Respondent's Counsel:

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

Respondent - 3 (if applicable):

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

Respondent's Counsel:

Name: _____

Organization: _____

Mailing Address: _____

Physical Address if different: _____

Phone: _____ Fax: _____ Email: _____

If there are more Respondents, please attach the required information

1. Provide a Brief Description of the Matters in Dispute or a Statement of Claim including the name of the Final Agreement(s) and the section(s):

2. Where compensation is claimed, provide an estimate of amount claimed or the value of the issue in dispute:

3. Where the value cannot be estimated provide an explanation of the reason:

4. Provide a statement of what remedy the claimant is seeking:

5. State whether the parties have agreed to the Tribunal being comprised of:

_____one arbitrator: _____three arbitrators: _____ have not yet agreed

6. Provide the name(s) of any agreed upon Arbitrator(s):

7. Provide the agreed upon qualifications of the Arbitrator(s):

8. Request for appointment of Arbitrator(s) by the Dispute Resolution Board:

No: _____ Yes: _____ State number of requested tribunal arbitrators: _____ one or _____ three

9. Provide a statement of any variations or exclusions of the Rules to which the parties have agreed to in writing:

Please append the following:

- a) A statement of the specific provision of a Settlement Agreement or Settlement Legislation under which the dispute is referred to arbitration
- b) A copy of any agreement between the parties to refer a dispute to arbitration
- c) A copy of any contract related to the dispute

Documents required by the DRB Arbitration Rules and communications relating to the arbitration must be delivered to the parties and the DRB by a method that provides proof of delivery.

Signature of Respondent or Authorized Representative

Print Signature Name

Dated at _____ this _____ day of _____, 20_____.

Documents can be delivered to the Dispute Resolution Board by:

Email: drb.ufa@northwestel.net
Fax: 867-668-4474
Personal Delivery: 101-166 Titanium Way
Registered Mail: Box 31675, Whitehorse, YT, Y1A 7A4

Office Use Only - Dispute Resolution Board:

Date Received: _____

Delivery Method: _____