



Notice of Submission to Arbitration

Respondent's Notice of Submission to Arbitration:

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: _____

This Form Constitutes the Official Notice of Submission to Arbitration under the DRB Arbitration Rules

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.

Claimant who filed the "Notice of Request to Arbitration":

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: _____

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 a copy of any agreement 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: _____