

**Microsoft Software, Devices, and Services with Arbitration Agreements
Consumer Demand for Arbitration before the
American Arbitration Association**

Instructions for filing an arbitration claim with American Arbitration Association:

1. Please fill out this form and keep a copy for your records.
2. **Mail a copy of this form and your check or money order for \$200 to American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. Make your check or money order payable to American Arbitration Association. Please consult the AAA Consumer Arbitration Rules for more information. You can find them at www.adr.org or by calling the AAA at (800) 778-7879.**
3. **Please copy (or download and print) and mail to AAA (with this form and your check) your agreement with an arbitration clause** (for example, Microsoft Services Agreement, Xbox One Limited Warranty, Microsoft Software License Terms Windows Operating System, Surface Limited Warranty, etc.). If you don't have your agreement, you can find most at www.microsoft.com/en-us/Legal/arbitration/default.aspx
4. **Mail a copy of this form, a copy of your Microsoft agreement, and a copy of your check or money order to Microsoft Corporation, CELA Arbitration, One Microsoft Way, Redmond, WA 98052-6399. Upon receipt, Microsoft will reimburse you for your \$200 filing fee if your claim is for \$75,000 or less.**

Your Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

Gamertag (for Xbox) Zune tag (for Zune) Microsoft account (was Windows Live ID)

Disputes involving \$25,000 or less are usually resolved by the submission of documents. If a hearing is held, it will usually be telephonic. In disputes involving more than \$25,000, a telephonic or in-person hearing will be held. If in person, you may choose your home county or King County (Seattle area), Washington. Please tell us the county and state where you live:

County

State

Your Attorney's Information (Please leave blank if you are representing yourself):

Attorney's Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

Briefly explain the nature of your dispute. You may use additional pages.

How much money do you believe you are owed? If none, leave blank:

\$ _____

Do you desire any non-monetary relief? Yes _____ No _____

If so, what non-monetary relief?

Signature

Date