

Instructions for Submittal of Adjudication of Surety Bond Disputes to JAMS

INSTRUCTIONS

Please submit these items to the JAMS Surety Adjudication Case Manager, Debra Lewis, at dlewis@jamsadr.com. Once the above items are received, JAMS will contact all parties to commence the Adjudication process, including the appointment of an Adjudicator.

1-800-352-JAMS
www.jamsadr.com

To initiate an Adjudication process for the resolution of a surety bond dispute, the Surety or Obligee shall submit the following items to JAMS:

- A. Demand for Adjudication
- B. Adjudication Statement
- C. Copy of the Performance Bond, including Schedules attached thereto
- D. Filing Fees
 - For two-party matters, JAMS charges a \$1,500 Filing fee, to be paid by the party initiating the Arbitration. JAMS also charges a \$1,500 Filing Fee for counterclaims. For matters involving three or more parties, the Filing Fee is \$2,000. A Case Management Fee of 12% will be assessed against all Professional Fees, including time spent for hearings, pre- and post-hearing reading and research and award preparation.



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SURETY (PARTY ON WHOM DEMAND FOR	R ADJUDICATION IS MADE)		
PARTY NAME			
ADDRESS			
СІТУ		STATE	ZIP
PHONE	FAX	EMAIL	
ESENTATIVE OR ATTORNEY OF THE PART	Y ON WHOM DEMAND FOR ADJUD	ICATION IS MADE (IF KNOWN)	
REPRESENTATIVE/ATTORNEY			
FIRM/ COMPANY			
ADDRESS			
CITY		STATE	ZIP
PHONE	FAX	EMAIL	
M CLAIMANT			
CLAIMANT			
ADDRESS			
СІТҮ		STATE	ZIP
PHONE	FAX	EMAIL	
ANT'S REPRESENTATIVE OR ATTORNEY	(IF KNOWN)		
REPRESENTATIVE/ATTORNEY			
FIRM/ COMPANY			
COMPANY		STATE	ZIP
	PARTY NAME ADDRESS CITY PHONE ESENTATIVE OR ATTORNEY OF THE PART' REPRESENTATIVE/ATTORNEY FIRM/ COMPANY ADDRESS CITY PHONE M CLAIMANT NAME ADDRESS CITY PHONE ANDRESS CITY PHONE ANDRESS	ADDRESS CITY PHONE FAX SENTATIVE OR ATTORNEY OF THE PARTY ON WHOM DEMAND FOR ADJUD REPRESENTATIVE/ATTORNEY FIRM/ COMPANY ADDRESS CITY PHONE FAX M CLAIMANT NAME ADDRESS CITY PHONE FAX ANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)	PARTY NAME ADDRESS CITY STATE PHONE FAX EMAIL SENTATIVE OR ATTORNEY OF THE PARTY ON WHOM DEMAND FOR ADJUDICATION IS MADE (IF KNOWN) REPRESENTATIVE/ATTORNEY FIRM/ COMPANY ADDRESS CITY STATE PHONE FAX EMAIL CLAIMANT CLAIMANT NAME ADDRESS CITY STATE PHONE FAX EMAIL ADDRESS CITY STATE PHONE FAX EMAIL



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CLAIMANT HEREBY DEMANDS THAT YOU SUBMIT THE FOLLOWING DISPUTE TO AN ADJUDICATION PROCESS. A MORE DETAILED STATEMENT OF THE CLAIM(S) MAY BE ATTACHED:



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ADJUDICATION AGREEMENT

THIS DEMAND IS MADE PURSUANT TO THE DISP (PROVIDE ONE (1) COPY OF PERFORMANCE BON	TE RESOLUTION PROCESS CONTAINED AT SCHEDULE B OF THE PERFORMANCE BOND. D. Including Schedules.)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
CLAIMS & RELIEF SOUGHT BY (LAIMANT
CLAIMANT ASSERTS THE FOLLOWING CLAIM AND	SEEKS THE FOLLOWING RELIEF (INCLUDE AMOUNT IN CONTROVERSY, IF APPLICABLE):
SUBMISSION INFORMATION	
SIGNATURE	DATE
NAME (PRINT/TYPED)	
(1 MINI/111 ED)	

Please contact the JAMS Surety Adjudication Case Manager, Debra Lewis, at dlewis@jamsadr.com to make arrangement for the payment of the initial, non-refundable Case Management Fee(s) (CMF(s)).