



NAM (National Arbitration and Mediation)
 Comprehensive Dispute Resolution Rules and Procedures
 as adapted for Seafarer/Crew-Member Employment Arbitrations
 990 Stewart Avenue, First Floor
 Garden City, NY 11530
 Telephone: 1-800-358-2550
 Fax: 516-794-8971
 www.namadr.com

**NAM'S COMPREHENSIVE DISPUTE RESOLUTION RULES AND PROCEDURES
 AS ADAPTED FOR SEAFARER/CREW-MEMBER EMPLOYMENT ARBITRATIONS
 DEMAND FOR ARBITRATION/ARBITRATION NOTICE**

CLAIMANT INFORMATION

Name(s): _____

*Contact Person or Counsel: _____

Address: _____

Phone: _____

Fax: _____

Email Address: _____

File/Claim Number: _____

RESPONDENT INFORMATION

Name(s): _____

*Contact Person or Counsel: _____

Address: _____

Phone: _____

Email Address: _____

*Fax: _____

*File/Claim Number: _____

*if applicable

RESPONDENT(S): Please take notice that, pursuant to NAM's Comprehensive Dispute Resolution Rules and Procedures as adapted for Seafarer/Crew-Member Employment Arbitrations (the "Rules") which provides for arbitration of disputes arising thereunder, the Claimant identified above **hereby demands arbitration of a claim against you.** You have thirty (30) days to serve the Claimant and NAM with a Reply to this Demand for Arbitration/Arbitration Notice in accordance with Rule 11. If you do not serve the claimant and NAM with a Reply within 30 days of service of this Notice, the Arbitrator may enter an award against you.

CLAIMANT SECTION: EXPLANATION OF DEMAND

The Claimant is claiming the following relief, which may include the following:

Amount claimed	_____
Other (specify)	_____

Total	_____

A description of the nature of the dispute and the injuries alleged follows (The Claimant should provide a detailed description herein and attach any evidence hereto pursuant to Rule 9):

By signing below, I acknowledge that this arbitration will be administered and resolved by National Arbitration and Mediation (NAM) under its Comprehensive Dispute Resolution Rules and Procedures as adapted for Seafarer/Crew Member Employment Arbitrations and fee schedule in effect at the time this proceeding is initiated with NAM and that I agree to be bound thereby.

CLAIMANT by: (signature)

Name: _____

Title: _____

Date ____/____/____

RESPONDENT SECTION: REPLY TO DEMAND

The Respondent hereby responds to the demand made by the Claimant as follows (the Respondent should provide a response herein and attach any evidence hereto to support such position in accordance with Rule 10):

By signing below, I acknowledge that this arbitration will be administered and resolved by National Arbitration and Mediation (NAM) under its Comprehensive Dispute Resolution Rules and Procedures as adapted for Seafarer/Crew Member Employment Arbitrations and fee schedule in effect at the time this proceeding is initiated with NAM and that I agree to be bound thereby.

RESPONDENT by: (signature)

Name: _____

Title: _____

Date ____/____/____

The parties are hereby notified that the Claimant has filed copies of the Arbitration Agreement (if applicable) and this Demand for Arbitration/Arbitration Notice at NAM's headquarters.

Either party may contact the NAM Administrator of the Comprehensive Dispute Resolution Rules and Procedures as adapted for Seafarer/Crew-Member Employment Arbitrations in writing at NAM, attn: Seafarer Arbitration Dept., via mail: 990 Stewart Avenue, First Floor, Garden City, New York 11530, via fax to: 516-794-8518; via e-mail to: Seafarerarb@namadr.com; or by telephone at 1-800-358-2550 ext. 128 with questions regarding the Arbitration process or NAM's Comprehensive Dispute Resolution Rules and Procedures as adapted for Seafarer/Crew-Member Employment Arbitrations or to request a copy thereof.

Contact the NAM Administrator, Jacqueline Silvey, Esq. at 1-800-358-2550 ext. 128.