

**Pacific Arbitration & Mediation Services, Inc.**  
**DEMAND FOR ARBITRATION**

TO: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

PLEASE TAKE NOTICE the undersigned claimant hereby demands arbitration of the following dispute: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This demand for arbitration is based on:

- ( ) the agreement between the parties for arbitration of such disputes. A copy of the agreement to arbitrate is attached hereto.
- ( ) the Guam Medical Malpractice Mandatory Arbitration Act [10 Guam Code Annotated section 10101, et seq.].
- ( ) \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

(Date)

\_\_\_\_\_  
Name of representative