

**APPLICATION FOR ARBITRATION**

**EASTERN DISTRICT OF TENNESSEE**

STYLE OF CASE \_\_\_\_\_ v. \_\_\_\_\_

DOCKET NO. \_\_\_\_\_

TYPE OF CASE \_\_\_\_\_ *(Indicate number from Item V, "Nature of Suit,"  
from the Civil Cover Sheet, Form JS 44.)*

**INFORMATION ABOUT 1ST PARTY:**

NAME: \_\_\_\_\_  
                            First    Middle    Last

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ATTORNEY'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Please identify the principals for any closely held corporation, identify all partners of a general partnership, identify the general partner of any limited partnership and all principals of any limited liability company involved in the arbitration.

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

**INFORMATION ABOUT 2ND PARTY:**

NAME: \_\_\_\_\_  
                            First    Middle    Last

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ATTORNEY'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Please identify the principals for any closely held corporation, identify all partners of a general partnership, identify the general partner of any limited partnership and all principals of any limited liability company involved in the arbitration.

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

**PLEASE PROVIDE INFORMATION ON ANY OTHER PARTIES INVOLVED IN THIS ARBITRATION:**

(Use back side of form if more room is needed.)

NAME: \_\_\_\_\_  
First Middle Last

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ATTORNEY'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Please identify the principals for any closely held corporation, identify all partners of a general partnership, identify the general partner of any limited partnership and all principals of any limited liability company involved in the arbitration

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

**WE HAVE SELECTED THE FOLLOWING  
ARBITRATOR:** \_\_\_\_\_

\_\_\_\_\_  
Signature and Printed Name of Attorney For One of the Parties Date

**PLEASE SUBMIT THIS FORM TO THE OFFICE OF THE CLERK IN THE DIVISION  
WHERE THE CASE IS FILED.**