

AT&T
Consumer Demand for Arbitration before the
American Arbitration Association

AMERICAN ARBITRATION ASSOCIATION SUPPLEMENTARY
PROCEDURES FOR CONSUMER-RELATED DISPUTES

Instructions on filing a claim:

1. Please fill out this form and retain one copy for your records.
2. Mail *two* copies of this form and your check or money order to the American Arbitration Association Case Management Center nearest to you. Please consult Section C-8 of the *Supplementary Procedures for Consumer-Related Disputes* for the appropriate fee. Information regarding the nearest Case Management Center and the appropriate fee is available at www.adr.org or by calling AAA Customer Service at (800) 778-7879. Please make your check or money order payable to the American Arbitration Association.
3. Send a copy of this form and of your check or money order to: Office for Dispute Resolution, AT&T, 1025 Lenox Park Blvd., Atlanta, GA 30319. Upon receipt, AT&T will reimburse you for your filing fee if your claim is for less than \$75,000 in damages.
4. Please also include the attached copy of AT&T's arbitration provision with each copy of this form.

Your Personal Information:

Name: _____ Address: _____

City/State/Zip: _____

Tel: _____ Fax: _____

If an in-person hearing is held, the arbitration will take place in the county of your billing address. Please tell us the county and state to which your bills are sent: _____

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

Attorney's Name: _____ Firm: _____

Address: _____ City/State/Zip: _____

Tel: _____ Fax: _____

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 outcome? If no, leave blank:

Signature: _____