



## Arbitration Response

*For MAA use only:*

Date received:

\_\_\_\_\_

Case No. \_\_\_\_\_

### INSTRUCTIONS TO RESPONDENT

If you have received an Arbitration Claim form from a claimant and wish to respond, please do the following within the time allowed (see below):

- Complete this Arbitration Response form, including Verification and Proof of Service, print it out, and sign where indicated.
- Make copies of the completed and signed Arbitration Response form for yourself, each other party, and the MAA.
- Serve a copy of the completed and signed Arbitration Response form on the claimant, e.g., by first-class mail or personal delivery.
- Mail the MAA for filing the original and one (1) copy of the completed and signed Arbitration Response form, including Verification and Proof of Service.
- The MAA's mailing address is MAA Administration, P.O. Box 11466, Newport Beach, CA 92658.
- If you have a counterclaim against the claimant, or a third-party claim against another party, please follow the Instructions to Claimant to initiate arbitration proceedings.
- The completed and signed Arbitration Response form, and any counterclaim or third-party claim, must be mailed to the MAA and served on the other parties no later than twenty (20) days after notice from the MAA of the commencement of arbitration proceedings.
- **IF YOU FAIL TO TIMELY RESPOND, AN ARBITRATION AWARD MAY BE MADE AGAINST YOU.**

### INSTRUCTIONS TO CLAIMANT

To initiate MAA arbitration, please do the following:

- Complete the Arbitration Claim form, including the Verification and Proof of Service, print it out, and sign where indicated.
- Make copies of the completed and signed Arbitration Claim form for yourself, each other party, and the MAA.
- Serve a copy of the completed and signed Arbitration Claim form on each respondent, e.g., by first-class mail or personal delivery.
- Mail the MAA the original and one (1) copy of the completed and signed Arbitration Claim form, including Verification and Proof of

Service, together with a check for the nonrefundable filing fee of \$750. Include two legible copies of the contract or court order upon which the arbitration is based.

- Checks should be made payable to “Maritime Arbitration Association.”
- The MAA’s mailing address is MAA Administration, P.O. Box 11466, Newport Beach, CA 92658.

If you have any questions, please use the Contact form in the MAA website [www.maritimearbitration.com](http://www.maritimearbitration.com) or call us at 1-949-717-0000. The MAA case manager will promptly contact you regarding the next steps in your arbitration.

### 1. Parties:

Name of Claimant	
Claimant’s attorney (if any)	
Address of Claimant (or Claimant’s attorney)	
Telephone	
Facsimile	
Email	

Name of Respondent	
Respondent’s attorney (if any)	
Address of Respondent (or Respondent’s attorney)	
Telephone	
Facsimile	
Email	

2. Respondent denies the allegations made in the Claim, except as stated below (submit additional pages if necessary):

3. Respondent agrees that the arbitration hearing be held in the venue requested by the Claimant. (If Respondent disagrees, the city and state requested are stated below.)

4. Respondent agrees the Claim may be arbitrated before the MAA under its rules. (If Respondent disagrees, the reasons are stated below.)

VERIFICATION

I, \_\_\_\_\_ (name), the undersigned, declare under penalty of perjury under the laws of the United States of America that I have read the foregoing Response, and that the same is true of my own knowledge, or to the best of my information and belief.

Executed at \_\_\_\_\_ (city, state and country)

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

RESPONDENT'S PROOF OF SERVICE

I, \_\_\_\_\_ (name), declare under penalty of perjury under the laws of the United States of America that I am over 18 years of age and that on the date set forth below I served a true copy of the foregoing Response upon the Claimant at the address below by (check one):

\_\_\_\_ depositing it in first class U.S. mail, postage prepaid, addressed as below

\_\_\_\_ delivering it by hand to the Respondent at the address below

\_\_\_\_ other (describe) \_\_\_\_\_

Name and address of Claimant upon whom Response was served:

Executed at \_\_\_\_\_  
(City, state and country)

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_