

Joint Selection of Neutral Arbitrator

Instructions: The Parties should fill in the name of the arbitration, the arbitration number, and the name of the Neutral Arbitrator. If counsel represent a Party, counsel should sign this form. Given the requirements of the Ethics Standards, Parties are advised that they may not be able to have the Neutral Arbitrator they have jointly selected. Therefore, the Independent Administrator encourages Parties, if possible, to make more than one joint selection and requires the Claimant and Respondent to individually submit the List of Possible Arbitrators under Rule 18. For more information, see Rule 17(c). The deadline for the Independent Administrator to receive this Form is twenty days after the date appearing on the List of Possible Arbitrators. See Rule 17. Return this form to

Office of the Independent Administrator
635 S. Hobart Blvd., #A35
Los Angeles, CA 90005
Fax: 213-637-8658

Name of Arbitration _____ Arbitration number _____

First Choice: We, the Claimant(s) and Respondent(s) in the arbitration listed above, agree that

_____ (print name, address, phone and fax number) should serve as Neutral Arbitrator in our arbitration.

Second Choice: If our first choice is unable to serve as Neutral Arbitrator in our arbitration,

_____ (print name, address, phone and fax number) should serve as Neutral Arbitrator in our arbitration.

Third Choice: If our other choices are unable to serve as Neutral Arbitrator in our arbitration,

_____ (print name, address, phone and fax number) should serve as Neutral Arbitrator in our arbitration.

Signature of Claimant or Counsel

Date

Signature of Claimant or Counsel

Date

Signature of Respondent's Counsel

Date

If Respondent's Counsel has not served a prior document with the Independent Administrator, set out your address, telephone and fax number at right.

