

Agreement to Serve — Neutral Arbitrator

Instructions: (1) If the Parties jointly select a Neutral Arbitrator, the Parties must fill out this form with the name of the arbitration, the arbitration number, and names of the Parties, and the name, address, and phone and fax numbers of the Neutral Arbitrator. The Neutral Arbitrator must sign and date it. The Independent Administrator must receive it within twenty days of the date appearing on the List of Possible Arbitrators. See Rule 17. (2) If the Independent Administrator selects the Neutral Arbitrator from the Parties' responses, the Independent Administrator must fill out this form and the Neutral Arbitrator must sign, date, and return it to the Independent Administrator. See Rule 19. Return this form to

Office of the Independent Administrator
3580 Wilshire Boulevard, Suite 2020
Los Angeles, California 90010
Fax: 213-637-8658

Name of Arbitration

Arbitration Number

Claimant(s)

Counsel

Respondents

Counsel

I, _____,
(print name, address, and telephone and fax numbers of Neutral Arbitrator) agree to serve as Neutral Arbitrator in the above captioned arbitration. In serving as Arbitrator, I agree to follow the Arbitration Rules promulgated by the Independent Administrator.

Signature of Neutral Arbitrator

Date