

Agreement to Serve — Party Arbitrator

Instructions: If a Party has a Party Arbitrator, the Party must fill out this form with the name of the arbitration, the arbitration number, the names of the Parties, and the name, address, and phone and fax number of the Party Arbitrator. The Party Arbitrator must sign and date it. The form must be returned to the Independent Administrator before the Party Arbitrator acts in the arbitration. See Arbitration Rule 22. 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 _____

Claimants _____ Counsel _____

Respondents _____ Counsel _____

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

**Caution members of the OIA panel: If you agree to serve as party arbitrators, we will
remove your name from our pool of neutral arbitrators for five years. See qualification
number #5.**

Signature of Party Arbitrator

Date