

NOTICE OF COUNTERCLAIM

I, the undersigned, hereby submit to the BYU Center for Conflict Resolution a Counterclaim in accordance with Section 6(b) of the Arbitration Rules against the following party:

Name

Address

I demand relief from the above party for the following reasons: (Please type or print clearly in black ink.)

Brief Summary of Dispute: _____

Remedy Sought (include amount claimed, if any): _____

I have enclosed the filing fee of \$15.00 for a Counterclaim in the form of a check payable to the BYU CCR.

Signature: _____ Name: _____
(Please print)

Address: _____

Date: _____ Phone: _____

*Submit to: BYU Center for Conflict Resolution,
4412 WSC, Brigham Young University, Provo, Utah 84602-7933
Phone: 801-422-5068 Fax: 801-422-0992 Email: ccr@byu.edu*