



**We hereby submit this case to RCBA Dispute Resolution Service, Inc. for hearing. We have reviewed and agree to be bound by the RCBA Dispute Resolution Service, Inc. rules and procedures.**

**Copy this form as needed. Please have all parties to the litigation sign the form and return the fees to:**

RCBA Dispute Resolution Service  
4219 Main Street, Suite 100  
Riverside, CA 92501

**Name of Case:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Complete Address (include firm name): \_\_\_\_\_

\_\_\_\_\_

Attorney for: \_\_\_\_\_  Plaintiff  Defendant

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

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Complete Address (include firm name): \_\_\_\_\_

\_\_\_\_\_

Attorney for: \_\_\_\_\_  Plaintiff  Defendant

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

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Complete Address (include firm name): \_\_\_\_\_

\_\_\_\_\_

Attorney for: \_\_\_\_\_  Plaintiff  Defendant

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