

**AT&T**  
**Consumer Demand for Arbitration before the**  
**American Arbitration Association**

**AMERICAN ARBITRATION ASSOCIATION**  
**SUPPLEMENTARY PROCEDURES FOR CONSUMER-RELATED DISPUTES**

**Instructions on filing a claim:**

1. Please fill out this form and retain one copy for your records.
2. Mail **two** copies of this form and your check or money order to the American Arbitration Association Case Management Center nearest to you. Please consult Section C-8 of the *Supplementary Procedures for Consumer-Related Disputes* for the appropriate fee. Information regarding the nearest Case Management Center and the appropriate fee is available at <http://www.adr.org> or by calling AAA Customer Service at (800) 778-7879. Please make your check or money order payable to the American Arbitration Association.
3. Send a copy of this form and of your check or money order to Cingular at: AT&T Mobility LLC, General Counsel, 5565 Glenridge Connector, 20th Floor, Atlanta, GA 30342. Upon receipt, AT&T will reimburse you for your filing fee.
4. Please also include the attached copy of AT&T's arbitration provision with each copy of this form.

**Your Personal Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

If an in-person hearing is held, the arbitration will take place in the county of your billing address. Please tell us the county and state to which your bills are sent: \_\_\_\_\_

**Your Attorney's Information (Please leave blank if you are representing yourself)**

Attorney's Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Briefly explain the nature of your dispute. You may use additional pages:**

**How much money do you believe you are owed? If none, leave blank:**

**Do you desire any non-monetary outcome? If no, leave blank:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_