Microsoft Software, Devices, and Services with Arbitration Agreements
Consumer Demand for Arbitration before the
American Arbitration Association

Instructions for filing an arbitration claim with American Arbitration Association:

1. Please fill out this form and keep a copy for your records.

2. **Mail a copy of this form and your check or money order for $200 to** American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. Make your check or money order payable to American Arbitration Association. Please consult the AAA Consumer Arbitration Rules for more information. You can find them at www.adr.org or by calling the AAA at (800) 778-7879.

3. **Please copy (or download and print) and mail to AAA (with this form and your check) your agreement with an arbitration clause** (for example, Microsoft Services Agreement (for Xbox Live and most Microsoft services), Manufacturer’s Limited Hardware Warranty & Agreement (for Xbox, Surface, mice, keyboards, cameras, and most Microsoft hardware), Microsoft Software License Terms Windows Operating System, etc.). If you don’t have your agreement, you can find most at www.microsoft.com/en-us/Legal/arbitration/default.aspx

4. **Mail a copy of this form, a copy of your Microsoft agreement, and a copy of your check or money order to** Microsoft Corporation, CELA Arbitration, One Microsoft Way, Redmond, WA 98052-6399. Upon receipt, Microsoft will reimburse you for your $200 filing fee if your claim is for $75,000 or less.

**Your Information:**

Name: ________________________________

Address: ________________________________

City/State/Zip: ________________________________

Phone: __________________ Fax: __________________

E-mail address: ________________________________

Gamertag (for Xbox) ______________________ Microsoft account (was Windows Live ID) ______________________

Disputes involving $25,000 or less are usually resolved by the submission of documents. If a hearing is held, it will usually be telephonic. In disputes involving more than $25,000, a telephonic or in-person hearing will be held. If in person, you may choose your home county or King County (Seattle area), Washington. Please tell us the county and state where you live:

______________________ ______________________

County State

(please complete page two)
Your Attorney’s Information (Please leave blank if you are representing yourself):

Attorney’s Name: ____________________________________________________________
Firm: _______________________________________________________________________
Address: ____________________________________________________________________
City/State/Zip: ___________________________________________________________________
Phone: ____________________________  Fax: ____________________________
E-mail address: ___________________________________________________________________

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-monoetary relief?  Yes _____  No _____

If so, what non-monoetary relief?

________________________________________________________________________

Signature  Date

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