

**Skype USA Consumers**  
**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](http://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) the Microsoft Services Agreement.** You can find it at [www.skype.com/en/legal/tou-usa/](http://www.skype.com/en/legal/tou-usa/)
4. **If your dispute is with Skype or a Skype corporate affiliate,** mail a copy of this form, a copy of the Microsoft Services Agreement, and a copy of your check or money order to Skype Communications S.à.r.l., c/o Microsoft Corporation, ATTN: CELA Arbitration, One Microsoft Way, Redmond, WA 98052-6399.

**If your dispute is with a mobile phone carrier,** please mail those things to the mobile phone carrier's principal place of business in the USA marked ATTN: Legal Department. If your dispute is with more than one party, please mail copies to all.

Upon receipt, Skype or your mobile phone carrier will reimburse you for your filing fee if your claim is for \$75,000 or less and your dispute is with one of them.

**Your Information:**

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

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

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

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

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Your Skype ID

\_\_\_\_\_  
Your mobile phone number used for  
Skype Pay by Mobile (if in dispute)

\_\_\_\_\_  
Your mobile phone carrier (if your dispute is with your mobile phone carrier)

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. 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:**

\$ \_\_\_\_\_ From whom? \_\_\_\_\_

**Do you desire any non-monetary relief? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, what non-monetary relief and from whom?**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date