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**Form #A-3**

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Board or State Association

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Address

City

State

Zip

**Notice to Respondent (Arbitration)**

In the case of \_\_\_\_\_ vs. \_\_\_\_\_  
Complainant Respondent

to \_\_\_\_\_, respondent.

Attached hereto is a copy of a request for arbitration which names you as respondent, as filed with this Board and referred to a Hearing Panel as a business dispute as defined in Article 17 of the Code of Ethics or as provided for in the *Code of Ethics and Arbitration Manual* of this Board.

Please be advised that, under the bylaws of the Board, you have fifteen (15) days from the date of this notification in which to mail or transmit your reply at the office of the Board at the address above.

Your reply must be typewritten, with original and \_\_\_\_\_ copies for this office, and must be signed and dated.

Respectfully submitted,

\_\_\_\_\_  
Type/Print Signature Professional Standards Administrator

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Board or State Association

Dated: \_\_\_\_\_, 20\_\_\_\_\_