



**COMMONWEALTH  
OF MASSACHUSETTS**

Office of Consumer Affairs and Business Regulation

**HOME IMPROVEMENT CONTRACTOR ARBITRATION PROGRAM**

**CONTRACTOR  
*REQUEST FOR ARBITRATION*  
FORM**

As of yMay 13, 2000, the Office of Consumer Affairs and Business Regulation provides the administrative services of the program and serves as the “arbitration firm.” Independent professional arbitrators hear the cases and render decisions according to procedures outlined in 201 CMR 14.00.

You should send the original *Request for Arbitration* and two copies, and three copies your contract (three sets altogether) to:

Home Improvement Contractor Arbitration Program  
Office of Consumer Affairs and Business Regulation  
501 Boylston Street, Suite 5100  
Boston, MA 02116

For questions on filing the application, you can call (617) 973-8732

**Payment of the arbitration fee is not required at the time of filing.**

**Commonwealth of Massachusetts  
Home Improvement Contractor Arbitration Program**

***Contractor Request for Arbitration***

***Section 1: Contractor Information***

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Title or affiliation with business: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Improvement Contractor Registration Number: \_\_\_\_ \_ \_\_\_\_ \_ \_\_\_\_ \_  
Effective Dates of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

***Section 2: Agent/Attorney Information***

If you will be represented by an agent or attorney in this action, complete this section.

Name of Agent/Attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***Section 3: Qualification Information***

Circle yes or no to each question.

- A. Is there a written contract for the job?    yes    no
- B. Does the contract contain a clause signed by both parties agreeing to arbitration as the method of dispute resolution?
- C. Was the contract for improvements, repairs, renovations, alterations, or additions to a pre-existing, owner-occupied residence with no more than 4 units?    yes    no
- D. Was the contractor registered with the state as a Home Improvement Contractor on the date the contract was signed?    yes    no
- E. Was the contract for improvements, repairs, renovations, alterations, or additions to a pre-existing, owner-occupied residence with no more than 4 units?    yes    no
- F. Is the property or residence located in Massachusetts?    yes    no
- G. Is the property the owner's primary residence?    yes    no
- H. Will this *Request for Arbitration* be filed within 2 years of the contract date?    yes    no





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***Section 7 Continued: Requested Relief***

C. List the work that requires completion as well as any work that must be repaired. Circle whether the item is defective or incomplete. For each defective or incomplete item, list an estimated dollar value of how much it will cost to repair or complete that item.

List of Incomplete or Defective Items-	Estimated Dollar Value
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____

D. List any additional expenses that you are claiming that were not included above.

Description of expense	Dollar Value of Expense
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

E. Total dollar amount paid to you under the contract to date: \$ \_\_\_\_\_

Please itemize the payments, indicating whether they were made in cash or by check, the dates they were made, the person who received the payment, and the purpose of the payment.

- \$ \_\_\_\_\_ check/cash on \_\_\_/\_\_\_/\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
- \$ \_\_\_\_\_ check/cash on \_\_\_/\_\_\_/\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
- \$ \_\_\_\_\_ check/cash on \_\_\_/\_\_\_/\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
- \$ \_\_\_\_\_ check/cash on \_\_\_/\_\_\_/\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
- \$ \_\_\_\_\_ check/cash on \_\_\_/\_\_\_/\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
- \$ \_\_\_\_\_ check/cash on \_\_\_/\_\_\_/\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_
- \$ \_\_\_\_\_ check/cash on \_\_\_/\_\_\_/\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_

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***Contractor Request for Arbitration***

***Section 8: Agreement Signature***

Please read the statements below and then sign where indicated.

- I understand that I am required to submit **the original and two photocopies sets (3 complete sets altogether)** of this *Request for Arbitration*.
- I understand that this *Contractor Request For Arbitration* must be received by the state-approved arbitration firm provided with this application **no more than 24 months after the date the contract was signed** (unless tolled for formal mediation).
- I understand and agree to pay the following Arbitration Fees:

Amount of Claim	Arbitrator Fee
Up to \$1,999	\$150
\$2,000 to \$4,999	\$300
\$5,000 to \$9,999	350
\$10,000 to \$24,999	\$450
\$25,000 to \$49,999	\$600
\$50,000+	\$850

The above maximum fees are payable by the filing party. The fee is due upon appointment of the Arbitrator. **DO NOT SEND THE FEE WITH THE APPLICATION.** Should the opposing party file a counterclaim, s/he must pay a fee based upon the same maximum fee schedule.

For claims under \$10,000, the arbitration procedures presuppose that the dispute will be resolved through the submission of written documents, unless any party requests an oral hearing, or the arbitrator determines that an oral hearing is necessary.

An oral hearing should last no longer than four hours. If the arbitrator determines that additional hearing time is necessary to obtain sufficient evidence to render an award, the arbitrator may extend the hearing time. (The hearing also may be extended upon the agreement of each of the parties and the arbitrator.) The arbitrator is authorized to charge an additional fee of up to a maximum \$150.00 per hour if the hearing is extended beyond four hours (some arbitrators may charge less). The total additional fee will be shared equally by the filing and opposing parties.

- **Privacy:** Once you voluntarily submit personally identifiable information to us, its dissemination is governed by the Public Records Law, the Fair Information Practices Act, Executive Order 412, and other applicable laws and regulations. For this reason, **part or all of the information you send us may be provided to a member of the public in response to a public records request.** Please see our attached Privacy Policy for more information..

I hereby request that the state-approved arbitration firm arbitrate my home improvement contract claim, and I hereby certify that all statements made in connection with this request for arbitration are true to the best of my knowledge.

Signed under the pains and penalties of perjury.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name Printed: \_\_\_\_\_