Form Requesting Accelerated Processing

This form should be used to request accelerated processing based on age or health. The form is not needed when initiating a claim on the DR Portal.

Case Number:

Case Name:

Name of Party Requesting Accelerated Processing:

I am requesting accelerated processing pursuant to Rule 12808 for customer disputes or Rule 13808 for industry disputes, because (select one):

I am at least 70 years of age at the time of this request.

I certify that (i) I have received a medical diagnosis and prognosis and (ii) based on that medical diagnosis and prognosis, I have a reasonable belief that accelerated processing of the case is necessary to prevent prejudicing my interest in the arbitration.

Printed Name of Party Requesting Accelerated Processing or Their Representative

Signature of Party Requesting Accelerated Processing or Their Representative   Date