



File No. \_\_\_\_\_

**ANSWER FORM**

This form must be submitted to the Arbitration Department upon the filing of an Answer. Print Legibly or Type.

**Case Name** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Respondent Information**

Name \_\_\_\_\_ Acronym, if any \_\_\_\_\_

Title \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

At the time of the dispute, Respondent was a:  Customer/Non-Member  Member  Person Associated with a Member

Identification No. \_\_\_\_\_ Specify:  B/D  CRD  Social Security

**List the above requested information for any additional Respondent(s) on a separate sheet of paper and attach to this form.**

**Respondent's Attorney** (if applicable)

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Counter/Cross or Third-Party Claims**

At this time, are you submitting a Counter/Cross or Third-Party Claim?  YES  NO

Any Counter/Cross or Third-Party Claim must be served directly upon the all parties to the dispute. You must also provide must a copy of the original Statement of Claim and Answer to any Third-Party Respondent. If submitting a Third-Party Claim, provide the following information.

**Third-Party Respondent (if applicable)**  
**Respondent Information**

Name \_\_\_\_\_ Acronym, if any \_\_\_\_\_

Title \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

At the time of the dispute, Respondent was a:  Customer/Non-Member  Member  Person Associated with a Member

**List the above requested information for any additional Third-Party Respondent(s) on a separate sheet of paper and attach to this form.**

**Forum Fees**

If a Counter, Cross or Third-Party Claim is filed, the Schedule of Fees required to be submitted to CBOE with such Claim is set forth in Exchange Rule 18.33. The non-refundable filing fee and hearing session deposit are based on the total relief requested, less attorneys fees, costs, and interest. If the Claim does not involve or does not specify a money claim, the required filing fee and hearing session deposit is set forth in Rule 18.33(e).

Total Relief Requested (exclusive of attorneys fees, costs, and interest)	\$ _____
Non-Refundable Filing Fee	\$ _____
Hearing Session Deposit	\$ _____
<b>Total Submitted</b>	<b>\$ _____</b>

**An Answer specifying all available defenses and relevant facts must accompany this form. If you are asserting a Counter, Cross or Third-Party Claim, specify the relevant facts and remedies sought, including an itemized calculation of the relief requested. The Answer and any Counter, Cross or Third-Party Claim should be stated in as concise and chronological a manner as possible.**

Respondent's Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_