ALTERNATIVE DISPUTE RESOLUTION (ADR) REQUEST FORM

A Market Participant who desires to submit a request for ADR may complete this form and submit it, together with any other additional supporting materials, in order to begin the ADR process. This form contains the requirements pursuant to Protocol Section 20.4, *Initiation of ADR Proceedings*.

Please fill out this form electronically and submit it, together with any other additional supporting materials, via email to adr@ercot.com.

The date on which ERCOT receives the completed ADR written request shall be the ADR initiation date. No later than seven (7) days after the ADR initiation date, ERCOT shall determine, and provide Notice to, all parties directly involved in the dispute. Such Notice shall include the ADR file number and the designation of the ERCOT senior dispute representative.

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| **Name of Disputing Market Participant** |       |
| **Description of Relief Sought** |       |
| **Detailed Description of the Grounds for Relief and the Basis of Each Claim[[1]](#footnote-1)** |       |
| **List of All Other Parties Affected by the Dispute** |       |
| **Senior Dispute Representative** *(name, address, telephone number and email address)* |       |
| **If seeking a monetary resolution, please check box and complete the following:** [ ]  |
| **Operating Day(s) Involved in the Dispute** |       |
| **Settlement Dispute Number(s)** *(if applicable)* |       |
| **Amount of Compensation Requested** |       |

1. Identify which statute(s), rule(s), Protocol Section(s), Other Binding Document(s), Agreement(s) or other law(s) are alleged to have been violated. [↑](#footnote-ref-1)