



New Jersey Judiciary  
Civil Practice Division

**Application for Admission to Roster of Civil Arbitrators**

Last Name		First Name	Middle Name
NJ Attorney ID Number	Firm/Business Name		
Firm/Business Address Street		City	State      Zip Code
Telephone Number	Email Address		
Bar Admission year New Jersey      Other states	Number of years of legal experience	Date of initial arbitration training	
Name of group/organization which you served as an arbitrator			
Counties in which you currently serve		Counties in which you are willing to arbitrate	
<input type="checkbox"/> I am a Certified Civil Trial Attorney. See R. 1:39.			
I regularly represent: <input type="checkbox"/> Plaintiffs <input type="checkbox"/> Defendants <input type="checkbox"/> Both			
I have at least ten years' experience in the following areas and request to arbitrate them (check all that apply):			
<input type="checkbox"/> 502 Book Account	<input type="checkbox"/> 512 Lemon Law	<input type="checkbox"/> 603 Auto Neg-Personal Injury	
<input type="checkbox"/> 503 Commercial Transaction	<input type="checkbox"/> 599 Contract - Other	<input type="checkbox"/> 605 Personal Injury	
<input type="checkbox"/> 506 PIP Coverage	<input type="checkbox"/> 602 Assault/Battery	<input type="checkbox"/> 610 Auto Neg - Prop	
I certify that the foregoing statements made by me are true and that I am in good standing in my profession.			
_____ Date		_____ Signature	
Return this form with a copy of your resume and most recent arbitration training certificate to the Arbitration Administrator of the county in which you want to serve. If you want to serve in more than one county, a separate form must be sent to the Arbitration Administrator for each county. A list of Arbitration Administrators can be found at: <a href="http://www.njcourts.gov/courts/assets/civil/arbadmincdrpr.pdf">www.njcourts.gov/courts/assets/civil/arbadmincdrpr.pdf</a>			