



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: njcourts.gov .					