

# VOLUNTARY BINDING ARBITRATION PROGRAM APPLICATION

County

Case Caption: vs.

Docket No: Type of case:

Attorneys:  
Plaintiff: Phone:

Defendant: Phone:

Other: Phone:

Panel selected to decide case:

Plaintiff: Phone:

Defendant: Phone:

Estimated time to present the case: hours

Issue(s) to be submitted for decision:

Have you agreed on a high/low range? Yes No

If so, state: the high limit \$ the low limit \$

Is the panel to be advised of the high/low limits? Yes No

Is testimony to be presented? Yes No

Will cross examination be permitted? Yes No

Will prejudgment interest be calculated on the award? Yes No

State any stipulations of facts or other agreements on attached sheet.

Date of Application:

We agree to submit the foregoing case to a binding, non-appealable decision by the above named panel and have the authorization of our clients to do so. We hereby certify that all discovery is complete and this matter is ready to be submitted to arbitration. Attached is a consent order of dismissal with prejudice.

Attorney for plaintiff:

Attorney for defendant(s):

*(submit completed form to the arbitration administrator and a hearing will be scheduled)*