



Superior Court of New Jersey
Report and Award of Arbitrator(s)

Arbitration Type (check one) ☐ Auto ☐ Personal Injury

County _____
Docket Number _____
Date _____

Plaintiff _____

v.

Defendant _____

Civil Action

The undersigned arbitrator(s) make(s) the following award(s) for the reasons set forth:

Defense presented ☐ Yes ☐ No

	Party	Liability		Damages*	
				Gross	Net
Def	_____	_____	%	\$ _____	\$ _____
Def	_____	_____	%	\$ _____	\$ _____
Def	_____	_____	%	\$ _____	\$ _____
Pla	_____	_____	%	\$ _____	\$ _____
Pla	_____	_____	%	\$ _____	\$ _____

ARBITRATOR(S): Please sign below

s/ _____
Signature

Parties desiring to reject this award and obtain a trial *de novo* must file with the division manager a trial *de novo* request together with a \$265 fee within thirty (30) days of today. Parties requesting a trial *de novo* may be subject to payment of counsel fees and costs as provided by R.4:21A-6(c). Note that unless otherwise expressly indicated this award will be filed today. Counsel and *pro se* litigants acknowledge receipt of this award by signing below.

s/

Signature

s/

Signature

s/

Signature

*Exclusive of prejudgment interest