## NOTICE TO THE BAR

## Civil Arbitration Program - Initial Arbitrator Training – June 20, 2018

Pursuant to Rule 1:40-12(c), all individuals wishing to serve as arbitrators in the court-annexed civil arbitration program must complete at least three classroom hours of initial training in a course approved by the Administrative Office of the Courts. This Notice is to advise an initial arbitrator training course will be offered on **Wednesday**, **June 20**, **2018** at the New Jersey Law Center in New Brunswick, New Jersey.

This training will provide instruction on the skills necessary for arbitration, including applicable statutes, court rules and administrative directives and policies, standards of conduct, and applicable procedures for conducting arbitrations. It is intended for those individuals meeting the qualifications of R. 4:21A-2(b) for admission to the roster of arbitrators.

Individuals seeking to attend this initial arbitrator training must complete and submit a registration form by **Friday**, **June 15**, **2018**. A copy of the registration form is attached to this Notice and is also available online on the Civil Arbitration Program webpage at <u>https://www.njcourts.gov/courts/civil/arbipoli.html</u>. Completed registration forms should be submitted to <u>CivilArbMed.Mailbox@njcourts.gov</u> or faxed to (609) 815-2938.

Any questions regarding this Notice or the Civil Arbitration Program may be directed to Taironda E. Phoenix, Esq., Assistant Director, Civil Practice Division, Administrative Office of the Courts, Hughes Justice Complex, P.O. Box 981, Trenton, NJ 08625-0981; email <u>taironda.phoenix@njcourts.gov</u>; telephone (609) 815-2900 ext. 54900.

/s/ Glenn A. Grant

Glenn A. Grant, J.A.D. Acting Administrative Director of the Courts

Dated: May 1, 2018

REGISTRATION FORM			HOW TO REGISTER	
Initial Arbitrator Traini June 20, 2018 New Jersey Law Center 1 Constitution Sq. New Brunswick, NJ 089 10:00 am – 1:00 pm		Б	mail registration form as an attacl CivilArbMed.Mailbox@njcour or Fax registration form to: (609) 815-2938	
Please print or type:				
Name:		Firm N	Firm Name:	
Address:				
(Street Address)		(City)	(State)	(Zip)
Telephone #:	Fax #:			
E-mail address:				