

**REQUEST FOR ARBITRATION BERKS
COUNTY BAR ASSOCIATION CIVIL
DISPUTE RESOLUTION PROGRAM**

Date: _____

1. Party submitting demand for arbitration.

Name: _____

Address: _____

Telephone Number: _____

Fax Number and Email: _____

() Plaintiff () Defendant Other _____

Name of legal counsel:

Firm name of legal counsel:

Address: _____

Telephone Number: _____

Fax Number and Email: _____

2. Other parties.

Name: _____

Address: _____

Telephone Number: _____

Fax Number and Email: _____

() Plaintiff () Defendant Other _____

Name of legal counsel:

Firm name of legal counsel:

Address: _____

Telephone Number: _____

Fax Number and Email: _____

[To the extent there are more than two parties, please attach a separate sheet of paper setting forth the same information for all parties to the action.]

3. Brief description of the claim and amount of damages at issue.

4. Have the formal Court pleadings been filed in this case?

Yes No

If so, please set forth any discovery deadlines, arbitration dates, and/or trial dates currently pending, as well as the Court docket number and Judge assigned.

5. Submission of demand to arbitrate.

Please forward this form along with the initial fee of \$950.00 made payable to the Berks County Bar Association, representing a \$200.00 administrative fee to the Bar Association and a \$750.00 initial arbitrator fee.

**BERKS COUNTY BAR ASSOCIATION
CIVIL DISPUTE RESOLUTION PROGRAM**

Berks County Bar Association
P.O. Box 1058
Reading, PA 19603-1058

REV. 6/2012