

_____ COUNTY ARBITRATION

DOCKET NO. L-_____

ARBITRATION NO. _____

PLAINTIFF

v.

DEFENDANT

ARBITRATION DATE _____

STATEMENT OF FACTS/ISSUES

1. **LIABILITY ISSUES:** [Set out all of the facts alleged by plaintiff that establish entitlement to an arbitration award. Attach copies of all expert reports.]

2. **LIST ALL HOSPITAL AND MEDICAL BILLS, TIME LOST FROM EMPLOYMENT (EVEN THOUGH SUCH ITEMS WERE COVERED BY PIP):** [Set out the dates and amounts of all bills that were treatment-related and attach copies. Set out plaintiff's weekly earnings at the time of the accident and attach proof such as a pay stub. List all dates on which plaintiff was unable to work because of the accident. List all benefits received from all sources on account of lost wages.]

3. **AMOUNT OF WORKERS COMPENSATION LIEN, IF ANY:** [Set out the date and amount of any compensation lien arising from the accident.]

4. **SET FORTH ANY SPECIAL CIRCUMSTANCES OF THE CASE WHICH WOULD REQUIRE MORE THAN 45 MINS. FOR HEARING:** [List any complex factual or legal issues that could extend the time required for the arbitration proceeding.]

SIGNATURE OF COUNSEL