

**SUPERIOR COURT OF NEW JERSEY  
REPORT AND AWARD OF ARBITRATOR**

ARBITRATION TYPE (Check one)

☐ AUTO

☐ PERSONAL

**INJURY**

\_\_\_\_\_  
PLAINTIFF

\_\_\_\_\_  
DEFENDANT

DOCKET NO. \_\_\_\_\_

ARBITRATION NO. \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**The undersigned made the following awards for the reasons set forth:**

PARTY	LIABILITY	DAMAGES*
DEF	%	* Exclusive of prejudgment
DEF	%	interest.
DEF	%	
PL	%	\$
PL	%	\$

ARBITRATORS: Please sign below and print name under signature.

\_\_\_\_\_  
\_\_\_\_\_  
Parties desiring to reject this award and obtain a trial de novo must file with the case manager a trial de novo request together with a \$150 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 acknowledge receipt of this award by signing below. Please print name under signature.

**FOR INTERNAL EVALUATION PURPOSES. PLEASE COMPLETE THE FOLLOWING.**

Amount of medical expenses claimed at the hearing for each party making a bodily injury claim.

<u>PARTY</u>	<u>AMOUNT</u>
_____	\$ _____
\$	