



Application for Admission to Roster of Civil Arbitrators

Last Name		First Name		Middle Name	
NJ Attorney ID Number		Firm/Business Name			
Firm/Business Address					
City		State	Zip Code	Telephone Number	
Number of years of legal experience:		Name of group/organization in which you served as an arbitrator:			
Bar Admission year - New Jersey:			Bar Admission year - other states:		
Date of initial arbitration training:		Counties in which you currently serve:		Counties in which you are willing to arbitrate:	
<input type="checkbox"/> I am a Certified Civil Trial Attorney. See R. 1:39.					
I regularly represent: <input type="checkbox"/> Plaintiffs <input type="checkbox"/> Defendants <input type="checkbox"/> Both					
I have at least ten years' experience in the following areas and request to arbitrate them (check all that apply):					
<input type="checkbox"/> 502	Book Account	<input type="checkbox"/> 512	Lemon Law	<input type="checkbox"/> 603	Auto Neglect-Personal Injury
<input type="checkbox"/> 503	Commercial Transaction	<input type="checkbox"/> 599	Contract – Other	<input type="checkbox"/> 605	Personal Injury
<input type="checkbox"/> 506	PIP Coverage	<input type="checkbox"/> 602	Assault/Battery	<input type="checkbox"/> 610	Auto Neg - Prop
I certify that the foregoing statements made by me are true and that I am in good standing in my profession.					
_____			_____		
Date			Signature		
Return this form with a copy of your resume and most recent arbitration training certificate to the Arbitration Administrator of the county in which you want to serve. If you want to serve in more than one county, a separate form must be sent to the Arbitration Administrator for each county.					
A list of Arbitration Administrators can be found at: www.njcourts.gov/courts/assets/civil/arbadmincdrpr.pdf					