

-----X

-Against-

Civil Case Number:

-----X

ARBITRATION AWARD

I, the undersigned, having been certified and designated as arbitrator in the above captioned matter, having been duly sworn and having heard this civil action on _____, 20____, do hereby render the following AWARD pursuant to the Local Arbitration Rules of the U.S. District Court, Eastern District of New York: (The Award will not be entered or filed on the ECF Docket)

1. _____AWARD in favor of the Plaintiff(s) in the sum of \$ _____
with interest from _____, if applicable.
2. _____AWARD in favor of the Defendants(s) dismissing the complaint on the merits.
3. _____ AWARD (other) _____

ARBITRATOR

Date

IMPORTANT NOTICES

The Arbitration Award is a **confidential, non-binding** document maintained solely by the ADR Department. Counsel have 30 days after entry of the Award to file a Demand/Request for Trial De Novo electronically using the ECF filing event: *Request for Trial De Novo*.

If a Trial de novo is not filed within 30 days of entry of the award, the award will become a final judgment of the court.

DO NOT ATTACH THE AWARD TO ANY FILINGS WITH THE COURT, INCLUDING A DEMAND/REQUEST FOR A TRIAL DE NOVO. DO NOT DISCLOSE THE CONTENTS OF THE AWARD TO ANY JUDGE OR MAGISTRATE JUDGE OF THIS COURT.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

-Against-

Civil Case Number:

-----X

CERTIFICATION OF SERVICES RENDERED

I _____ a member of the Bar of the United States District Court for the Eastern District of New York, having been appointed by the Court as Arbitrator in the subject legal action above, hereby certify that:

_____ I reviewed the pleadings the various statutes cited by the parties in support of their respective claims. I held a pre-hearing conference with counsel on _____.

_____ The arbitration hearing was held

_____ The case settled during the hearing

_____ The case was reported settled before the hearing. A pre-hearing conference was not held.

_____ Other (describe briefly):

ARBITRATOR PAYMENT INFORMATION:

___ Check if payment should be made to your firm: Firm Tax ID: _____

Address _____

Signature _____ Email _____

Date: _____ DUNS # _____

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

-Against-

Civil Case Number:

-----X

OATH OF WITNESS

DO YOU SWEAR (OR AFFIRM) THAT THE TESTIMONY YOU ARE
ABOUT TO GIVE ON THE MATTER NOW BEFORE THE ARBITRATOR OF
THE U.S. DISTRICT COURT IS THE TRUTH, THE WHOLE TRUTH AND NOTHING
BUT THE TRUTH, SO HELP YOU GOD.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

-Against-

Civil Case Number:

-----X

NOTICE OF ATTORNEY APPEARANCE
At Arbitration Hearing

DATE: _____

Please notice that I, _____,
Print Name

have been retained by (Plaintiff/Defendant) _____

NAME AND ADDRESS OF FIRM

Telephone: _____

Signature _____

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X

-Against-

Civil Case Number:

-----X

NOTICE OF ATTORNEY APPEARANCE
At Arbitration Hearing

DATE: _____

Please notice that I, _____,
Print Name

have been retained by (Plaintiff/Defendant) _____

NAME AND ADDRESS OF FIRM

Telephone: _____ Email _____

Signature _____