

DEMAND FOR ARBITRATION



NATIONAL
ARBITRATION
FORUM

DEMAND FOR ARBITRATION

Pursuant to the No-Fault Laws of the State of New Jersey

Date:

Web Username:

THE CLAIMANT herein demands dispute resolution of certain Personal Injury Protection Benefits pursuant to a policy of insurance issued by the named Respondent and in accordance with the Rules for No Fault Arbitrations in the State of New Jersey.

Case Name:

[CLIENT]

vs.

[NAME OF INSURANCE COMPANY]

Claimant(s)

Name: [CLIENT]

Address: [ADDRESS]

Telephone: [TELEPHONE NUMBER]

Fax: [FAX NUMBER]

Email Address: [EMAIL ADDRESS]

Attorney for Claimant

Firm Name: [NAME OF LAW FIRM]

Name: [NAME OF ATTORNEY]

Address: [ADDRESS OF LAW FIRM]

Attorney File Number: [FILE NUMBER OF ATTORNEY]

FORM 3-011

DEMAND FOR ARBITRATION

Telephone: [TELEPHONE NUMBER OF LAW FIRM] Fax: [FAX NUMBER OF LAW FIRM]

Email Address: [EMAIL ADDRESS OF LAW FIRM]

Respondent

Name: [RESPONDENT]

Address: [ADDRESS OF RESPONDENT]

Telephone: [PHONE NUMBER]

Fax: [FAX NUMBER]

Email Address:

Insurance Claim Number: [CLAIM NUMBER]

Last known Claim's Representative: [ADJUSTER]

Attorney for Respondent (if known)

Firm Name: [RESPONDENT LAW FIRM]

Name: [RESPONDENT ATTORNEY NAME]

Address: [RESPONDENT LAW FIRM ADDRESS]

Attorney File Number: [RESPONDENT ATTORNEY FILE NUMBER]

Telephone:

Fax:

Email Address:

Injured Person(s)

List the Name(s) of the injured person(s) if other than the claimant:

[CLIENT]

Insurance Information

Name of Policyholder: [INSURED NAME]

Address: [INSURED ADDRESS]

Telephone (if known): [INSURED TELEPHONE NUMBER]

Policy Number: [POLICY NUMBER]

Accident Information

Date: [D/A]

Location: [LOCATION OF ACCIDENT]

County: [COUNTY OF ACCIDENT]

Brief description of the injuries:

[INJURIES]

Nature of dispute:

DEMAND FOR ARBITRATION

Is the Claimant assigned benefits? No ____ Yes ____

(If yes, attach copy of Assignment of Benefits)

Arbitration Hearing Venue: North ____ Central ____ South ____

Claims Submitted
(Check all applicable claims)

- Expedited/Emergent Relief (Include additional filing fees).
Medical Expense Benefits (Exact amounts claimed and details thereof to the extent known. Attach copies of all invoices in dispute)

Table with 4 columns: Name of Provider, Date(s) of Treatment, Date Claim Submitted to Insurer, Amount Claimed

Total Medical Expense Benefits Claimed \$ _____

- Interest (Amount with explanation and calculation)
Attorney's Fees (Amount with explanation and calculation) [To be supplied based on hours required]
Death Benefits (Amount with explanation and calculation)
Essential Services Benefits (Amount with explanation and calculation)
Funeral Expenses (Amount with explanation and calculation)

DEMAND FOR ARBITRATION

Income Continuation (*Amount with explanation and calculation*)

\$ _____

Costs of Arbitration (*Amount with explanation and calculation*)

\$ _____

Are you requesting a review by a Medical Review Organization? No _____

Yes _____

If yes, please complete the Request for Medical Review form and send it to NAF with four (4) copies of redacted medical information and appropriate payment.

Certification of Service and No Other Actions

I CERTIFY that I have served a true and complete copy of this Demand with copies of all attachments upon the respondent as required by the Rules. To the best of my knowledge, there are no other actions pending in any court or arbitration proceedings that arise out of treatment to the same injured person(s), that arise out of the same accident, or that should otherwise be joined in this arbitration except as follows:

Signature of Attorney or Claimant

DEMAND FOR ARBITRATION

Filing Instructions

Please send an original and two (2) copies of this Demand with copies of all attachments to:

National Arbitration Forum
285 Davidson Avenue, Suite 502
Somerset, New Jersey 08873

Methods of Payment

Check in the amount of \$____ payable to National Arbitration Forum enclosed.

Please charge my credit card for \$_____.

Please bill my account for \$_____.

Visa Card: _____

MasterCard: _____

Expiration Date: _____

Signature: _____

FORM 3-012

LETTER TO CLIENT FOR PIP ARBITRATION

[DATE]

[CLIENT]
[ADDRESS]

RE: [CASE NAME]
D/A: [D/A]

Dear [MR./MS.] [CLIENT'S LAST NAME]:

Please be advised that proceedings in the above matter have been scheduled as follows:

NATURE: PIP ARBITRATION

DATE: [DATE OF ARBITRATION]

TIME: [TIME]

PLACE: [LOCATION OF HEARING]

Very truly yours,

[NAME OF ATTORNEY]

LETTER TO DOCTOR ENCLOSING CERTIFICATION FOR PIP ARBITRATION

[DATE]

Dr. [DOCTOR'S NAME]
[DOCTOR'S ADDRESS]

RE: [CLIENT'S NAME]
PIP Arbitration

Dear Dr. [DOCTOR'S LAST NAME]:

As you may be aware, we have filed for Arbitration on your behalf regarding your treatment of the above patient.

A PIP arbitration through the National Arbitration Forum is presently scheduled for [DATE OF ARBITRATION]. To that end, I have prepared a Certification for your review and signature. Would you kindly review the enclosed Certification, thereafter signing same if it meets with your approval. I would also ask that you return the signed Certification via facsimile and regular mail.

In the alternative, if you have any questions, comments or additions to the enclosed Certification, please contact my office as soon as possible so that we may make the appropriate changes.

I look forward to hearing from you.

Very truly yours,

[NAME OF ATTORNEY]

CERTIFICATION OF DOCTOR FOR PIP ARBITRATION

[NAME OF LAW FIRM]
[LAW FIRM ADDRESS]
[LAW FIRM TELEPHONE NO.]
Attorneys for Petitioner

Petitioner : NAF ARBITRATION
: [NAF FILE NUMBER]
[CLIENT] :
:
vs. :
:
Respondent : CERTIFICATION OF
: [DOCTOR'S NAME]
[INSURANCE COMPANY] :

Dr. [DOCTOR'S NAME], hereby certifies as follows:

- 1. I am a licensed physician of the State of New Jersey. Prior to signing this Certification, I have reviewed my file in regard to my patient, [CLIENT], and I have personal knowledge of the following.
2. I treated [MR./MS.][CLIENT'S LAST NAME] for injuries sustained in a motor vehicle accident that occurred on [D/A]. I first examined [MR./MS.] [CLIENT'S LAST NAME] on [FIRST DATE OF TREATMENT]. My treatment of [MR./MS.] [CLIENT'S LAST NAME] at issue began on [DATE TREATMENT BEGAN], and continued through [LAST DATE OF TREATMENT].
3. Based upon a review of my records and my treatment of [MR./MS.] [CLIENT'S LAST NAME], I can state within a reasonable degree of medical certainty that the services provided to the patient were causally related to [HIS/HER] motor vehicle accident of [D/A].

CERTIFICATION OF DOCTOR FOR PIP ARBITRATION

4. My bill for services rendered to [MR./MS.][CLIENT'S LAST NAME] is \$[AMOUNT OF BILL] for services rendered from [FIRST DATE OF BILL] through [LAST DATE OF BILL]. Of this amount, I have not received any payment leaving a balance of \$[BALANCE].

5. Said treatment of [MR./MS.][CLIENT'S LAST NAME] was medically necessary and reasonable through [LAST DATE OF TREATMENT].

6. A true and accurate copy of my report dated [DATE OF REPORT], is attached hereto as **Exhibit "A"**. A true and accurate copy of my bill is attached hereto as **Exhibit "B"**.

I hereby certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

[DOCTOR'S NAME]

Dated:

CERTIFICATION OF SERVICES

[NAME OF LAW FIRM]
[LAW FIRM ADDRESS]
[LAW FIRM TELEPHONE NUMBER]
Attorneys for Petitioners

Petitioner : NAF ARBITRATION
: [NAF FILE NUMBER]
[CLIENT] :
:
vs. :
:
Respondent : CERTIFICATION OF SERVICES
:
[INSURANCE COMPANY] :

[NAME OF ATTORNEY], ESQ. hereby certifies as follows:

1. I am an attorney-at-law of the State of New Jersey and I am [AN ASSOCIATE/A PARTNER] in the law firm of [NAME OF LAW FIRM], attorneys for the Petitioner in the above-captioned matter.

2. The following is a detailed description of services rendered in the above-captioned matter:

- [DATE]: Received and review file from medical provider.....
[DATE]: Letter forwarding unpaid bills to [NAME OF INSURANCE COMPANY]
[DATE]: Review of file in preparation of filing PIP Arbitration
[DATE]: Demand Notice prepared. Letters to National Arbitration Forum and Respondent prepared; Demand filed.....

CERTIFICATION OF SERVICES

- [DATE]: Received and reviewed letter from National Arbitration Forum scheduling hearing.....
- [DATE]: Prepare and forward Certification of Dr. [DOCTOR'S LAST NAME].....
- [DATE]: Prepare Arbitration Statement
- [DATE]: Received and reviewed Certification from Dr. [DOCTOR'S LAST NAME]
- [DATE]: Letter forwarding Certification and arbitration statement to National Arbitration Forum
- [DATE]: Oral Hearing portal to portal (estimated).....

TOTAL:

- 3. It is submitted that the reasonable value of legal services is \$[ATTORNEY RATE] per hour.
- 4. It is requested that an attorney's fee be awarded to this office in the amount of \$[TOTAL AMOUNT

OF FEE]. This number has been calculated as follows:

$$[NUMBER OF HOURS] \text{ hours} \times \$[ATTORNEY RATE] \text{ per hour} = \$[TOTAL].$$

- 5. I further certify that \$[FEE AMOUNT] was expended by my office for the filing fee charged by the National Arbitration Forum.

I hereby certify that the foregoing statements are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

[NAME OF ATTORNEY}

Dated:

COMPLAINT FOR PERSONAL INJURY PROTECTION (PIP) BENEFITS

[NAME OF LAW FIRM]
[LAW FIRM ADDRESS]
[LAW FIRM TELEPHONE NO.]
Attorneys for Plaintiffs

Petitioner : SUPERIOR COURT OF NEW JERSEY
: LAW DIVISION: COUNTY
[CLIENT] :
:
vs. : Docket No.
:
Respondent : CIVIL ACTION
:
[DEFENDANT] : COMPLAINT

Plaintiff, [CLIENT], residing at [ADDRESS] in the [TOWN/CITY] of [NAME OF CITY], County of [NAME OF COUNTY] and State of New Jersey, complaining of the Defendant, depose and say:

FIRST COUNT

- 1. On or about [D/A], Plaintiff, [CLIENT], was the operator of a certain motor vehicle which was involved in an accident on [LOCATION], in the [TOWN/CITY] of [CITY], County of and State of New Jersey.
2. At all times relevant herein, Defendant, [INSURANCE COMPANY], was and is a licensed insurance company in the State of New Jersey, actually doing business in the State of New Jersey and was and is authorized to write and issue automobile insurance policies to owners of motor vehicles registered within the State of New Jersey.
3. At all times relevant herein, Plaintiff, [CLIENT], was covered under a certain policy of automobile insurance issued by said Defendant, bearing policy number [POLICY NUMBER], which policy of automobile insurance provided for, among other things, Personal Injury Protection (PIP) benefits and benefits related thereto.

COMPLAINT FOR PERSONAL INJURY PROTECTION (PIP) BENEFITS

4. On or about [D/A], Plaintiff, was involved in a motor vehicle accident whereby [HE/SHE] sustained personal injuries requiring medical treatment.

5. Plaintiff duly asserted a claim for Personal Injury Protection (PIP) benefits to Defendant, [INSURANCE COMPANY], and was assigned claim number [CLAIM NUMBER].

6. Defendant, [INSURANCE COMPANY], has failed to pay all medical expenses and benefits submitted by Plaintiff without just cause.

WHEREFORE, Plaintiff, [CLIENT], demands judgment against the Defendant, [INSURANCE COMPANY], in the amount of [HIS/HER] damages, together with attorney fees, statutory interest and costs of suit.

[NAME OF LAW FIRM]
Attorneys for Plaintiff

by: _____
[NAME OF ATTORNEY]

MOTOR VEHICLE COMPLAINT

[NAME OF LAW FIRM]
[LAW FIRM ADDRESS]
[LAW FIRM TELEPHONE NO.]
Attorneys for Plaintiffs

Petitioner : SUPERIOR COURT OF NEW JERSEY
[CLIENT] : LAW DIVISION: COUNTY
: Docket No.
vs. : CIVIL ACTION
: MOTOR VEHICLE ACCIDENT COMPLAINT
Defendants : DEMAND FOR TRIAL BY JURY
[NAME OF DEFENDANT] : DESIGNATION OF TRIAL ATTORNEY
: DEMAND FOR ANSWERS TO INTERROGATORIES

Plaintiff, [CLIENT], residing at [ADDRESS] in the [TOWN/CITY] of [NAME OF CITY], County of [NAME OF COUNTY] and State of New Jersey, complaining of the Defendant, deposes and says:

FIRST COUNT

- 1. On or about [D/A], Plaintiff, [CLIENT], was the operator of a certain motor vehicle which motor vehicle was traveling on [LOCATION OF ACCIDENT] in the [TOWN/CITY] of [CITY], County of [COUNTY] and State of New Jersey.
2. On or about [D/A], Defendant, [DEFENDANT'S NAME], was the owner and operator of a certain motor vehicle which motor vehicle was traveling on [LOCATION OF ACCIDENT] in the [TOWN/CITY], County of [NAME OF COUNTY] and State of New Jersey.
3. Defendant, [NAME OF DEFENDANT], did so negligently and carelessly own, operate and/or maintain the aforesaid motor vehicle so as to cause same to collide with the vehicle of Plaintiff, [CLIENT].

MOTOR VEHICLE COMPLAINT

4. As a direct and proximate result of the negligence of the Defendant, as aforesaid, Plaintiff, [CLIENT], was caused to sustain and did sustain serious and permanent personal injuries requiring the care and treatment of physicians, hospitalization and medication and has been and will in the future continue to be hampered in [his/her] daily routine.

WHEREFORE, Plaintiff, [CLIENT], demands judgment against the Defendant, [NAME OF DEFENDANT], in the amount of his damages together with interest and costs of suit.

[NAME OF LAW FIRM]
Attorneys for Plaintiff

by: _____
[NAME OF ATTORNEY]

FORM 4-001

MOTOR VEHICLE COMPLAINT

DEMAND FOR TRIAL BY JURY

Plaintiff hereby demands a Trial by jury as to all issues.

NOTICE OF TRIAL COUNSEL

Please take notice that [NAME OF ATTORNEY] is hereby designated as Trial Counsel in the above-captioned matter for the firm of [NAME OF LAW FIRM], pursuant to R.4:25 et. seq.

DEMAND FOR ANSWERS TO UNIFORM AND SUPPLEMENTAL INTERROGATORIES

PLEASE TAKE NOTICE that pursuant to Rule 4:17-1(b)(ii)(2), Plaintiff hereby demands answers to **Uniform Interrogatories Form C and Form C(1)** within sixty (60) days of the filing of Defendant's Answer to this Complaint.

PLEASE TAKE FURTHER NOTICE that pursuant to Rule 4:17-1(b)(i)(1) and Rule 4:17-2, Plaintiff hereby demands answers to the attached **Supplemental Interrogatories** within sixty (60) days of the filing of Defendant's Answer to this Complaint.

MOTOR VEHICLE COMPLAINT

**SUPPLEMENTAL INTERROGATORIES PERMITTED PURSUANT
TO RULE 4:17-1(b)(i)**

S1. If you contend or will contend that the permanency of Plaintiff's injuries should not be evidential or be considered by the finder of fact, state with detail and with particularity and specificity each and every basis of fact or law upon which you will rely to support such contention.

S2. Pursuant to Rule 4:17-4, please designate any information set forth in your answers to these interrogatories which is not within the answerer's personal knowledge and as to that information please state the name and address of every person from whom it was received, or, if the source of the information is documentary, a full description of the document(s) including the location thereof.

S3. State the name and address of the location where the operator of Defendant's motor vehicle last entered Defendant's motor vehicle prior to the time of the alleged accident.

S4. Beginning from the location where the operator of Defendant's motor vehicle last entered said vehicle prior to the accident as set forth in the immediately preceding interrogatory, describe the course of travel taken by the operator of Defendant's vehicle up to the location of the accident setting forth street names and directions traveled.

S5. State whether an estimate of the damage to Defendant's vehicle was made subsequent to the subject accident, and if so, please state the name and address of the person, firm and/or corporation providing the estimate of damage, the date the estimate of damage was obtained and annex hereto a copy of any written estimate.

MOTOR VEHICLE COMPLAINT

CERTIFICATION

Pursuant to the requirements of Rule 4:5-1 (NOTICE OF OTHER ACTIONS), I, the undersigned, do hereby certify to the best of my knowledge, information and belief, that except as hereinafter indicated, the subject matter of the controversy referred to in the within pleading is not the subject of any other Cause of Action, pending in any other Court, or of a pending Arbitration Proceeding, nor is any other Cause of Action or Arbitration Proceeding contemplated;

1. OTHER ACTIONS PENDING.....YES ___ NO ___

A. If YES - Parties to other Pending Actions.

B. In my opinion, the following parties should be joined in the within pending Cause of Action.

2. OTHER ACTIONS CONTEMPLATED?.....YES ___ NO ___

A. If YES - Parties contemplated to be joined, in other Causes of Action.

3. ARBITRATION PROCEEDINGS PENDING?.....YES ___ NO ___

A. If YES - Parties to Arbitration Proceedings.

B. In my opinion, the following parties should be joined in the pending Arbitration Proceedings.

4. OTHER ARBITRATION PROCEEDINGS CONTEMPLATED?.....YES ___ NO ___

A. If YES - Parties contemplated to be joined to Arbitration Proceedings.

In the event that during the pendency of the within Cause of Action, I shall become aware of any change as to any facts stated herein, I shall file an amended certification and serve a copy thereof on all other parties (or their attorneys) who have appeared in said Cause of Action.

[NAME OF LAW FIRM]
Attorneys for Plaintiff

by: _____
[NAME OF ATTORNEY]

DATED:

MOTOR VEHICLE COMPLAINT – DIFFERENT DRIVER AND OWNER

[NAME OF LAW FIRM]
[LAW FIRM ADDRESS]
[LAW FIRM TELEPHONE NO.]
Attorneys for Plaintiff

Petitioner : SUPERIOR COURT OF NEW JERSEY
: LAW DIVISION: COUNTY
[CLIENT] :
: Docket No.
vs. : CIVIL ACTION
:
Defendants : MOTOR VEHICLE ACCIDENT COMPLAINT
: DEMAND FOR TRIAL BY JURY
: DESIGNATION OF TRIAL ATTORNEY
[NAME OF DEFENDANT] : DEMAND FOR ANSWERS TO INTERROGATORIES

Plaintiff, [CLIENT], residing at [ADDRESS] in the [TOWN/CITY] of [NAME OF CITY], County of [NAME OF COUNTY] and State of New Jersey, complaining of the Defendants, deposes and says:

FIRST COUNT

1. On or about [D/A], Plaintiff, [CLIENT], was the operator of a certain motor vehicle which motor vehicle was traveling on [LOCATION OF ACCIDENT] in the [TOWN/CITY] of [CITY NAME], County of [COUNTY] and State of New Jersey.

2. On or about [D/A], Defendant, [DEFENDANT DRIVER], was the operator of a certain motor vehicle owned by Defendant, [DEFENDANT OWNER], which motor vehicle was being operated as a permissive user of the owner and/or as the agent, servant and/or employee of the owner and which motor vehicle was also

MOTOR VEHICLE COMPLAINT – DIFFERENT DRIVER AND OWNER

traveling on [LOCATION OF ACCIDENT] in the [TOWN/CITY] of [CITY], County of [COUNTY] and State of New Jersey.

3. Defendants, [DEFENDANT DRIVER] and [DEFENDANT OWNER], did so negligently and carelessly own, operate and/or maintain the aforesaid motor vehicle so as to cause same to collide with the vehicle of Plaintiff, [CLIENT].

4. As a direct and proximate result of the negligence of the Defendants, as aforesaid, Plaintiff, [CLIENT], was caused to sustain and did sustain serious and permanent personal injuries requiring the care and treatment of physicians, hospitalization and medication and has been and will in the future continue to be hampered in [HIS/HER] daily routine.

WHEREFORE, Plaintiff, [CLIENT], demands judgment against the Defendants [DEFENDANT DRIVER] and [DEFENDANT OWNER], jointly, severally or in the alternative, in the amount of [HIS/HER] damages together with interest and costs of suit.

[NAME OF LAW FIRM]
Attorneys for Plaintiff

by: _____
[NAME OF ATTORNEY]

MOTOR VEHICLE COMPLAINT – DIFFERENT DRIVER AND OWNER

DEMAND FOR TRIAL BY JURY

Plaintiff hereby demands a trial by jury as to all issues.

NOTICE OF TRIAL COUNSEL

Please take notice that [NAME OF ATTORNEY], Esq. is hereby designated as Trial Counsel in the above-captioned matter for the firm of [LAW FIRM], pursuant to Rule 4:25 et. seq.

DEMAND FOR ANSWERS TO UNIFORM AND SUPPLEMENTAL INTERROGATORIES

PLEASE TAKE NOTICE that pursuant to Rule 4:17-1(b)(ii)(2), Plaintiff hereby demands answers to **Uniform Interrogatories Form C and Form C(1)** within sixty (60) days of the filing of Defendant's Answer to this Complaint.

PLEASE TAKE FURTHER NOTICE that pursuant to Rule 4:17-1(b)(i)(1) and Rule 4:17-2, Plaintiff hereby demands answers to the attached **Supplemental Interrogatories** within sixty (60) days of the filing of Defendant's Answer to this Complaint.

MOTOR VEHICLE COMPLAINT – DIFFERENT DRIVER AND OWNER

**SUPPLEMENTAL INTERROGATORIES PERMITTED PURSUANT
TO RULE 4:17-1(b)(i)**

S1. If you contend or will contend that the permanency of Plaintiff's injuries should not be evidential or be considered by the finder of fact, state with detail and with particularity and specificity each and every basis of fact or law upon which you will rely to support such contention.

S2. Pursuant to Rule 4:17-4, please designate any information set forth in your answers to these interrogatories which is not within the answerer's personal knowledge and as to that information please state the name and address of every person from whom it was received, or, if the source of the information is documentary, a full description of the document(s) including the location thereof.

S3. State the name and address of the location where the operator of Defendant's motor vehicle last entered Defendant's motor vehicle prior to the time of the alleged accident.

S4. Beginning from the location where the operator of Defendant's motor vehicle last entered said vehicle prior to the accident as set forth in the immediately preceding interrogatory, describe the course of travel taken by the operator of Defendant's vehicle up to the location of the accident setting forth street names and directions traveled.

S5. State whether an estimate of the damage to Defendant's vehicle was made subsequent to the subject accident, and if so, please state the name and address of the person, firm and/or corporation providing the estimate of damage, the date the estimate of damage was obtained and annex hereto a copy of any written estimate.

MOTOR VEHICLE COMPLAINT – DIFFERENT DRIVER AND OWNER

CERTIFICATION

Pursuant to the requirements of Rule 4:5-1 (NOTICE OF OTHER ACTIONS), I, the undersigned, do hereby certify to the best of my knowledge, information and belief, that except as hereinafter indicated, the subject matter of the controversy referred to in the within pleading is not the subject of any other Cause of Action, pending in any other Court, or of a pending Arbitration Proceeding, nor is any other Cause of Action or Arbitration Proceeding contemplated;

1. OTHER ACTIONS PENDING.....YES ___ NO ___

- A. If YES - Parties to other Pending Actions.
- B. In my opinion, the following parties should be joined in the within pending Cause of Action.

2. OTHER ACTIONS CONTEMPLATED?.....YES ___ NO ___

- A. If YES - Parties contemplated to be joined, in other Causes of Action.

3. ARBITRATION PROCEEDINGS PENDING?.....YES ___ NO ___

- A. If YES - Parties to Arbitration Proceedings.
- B. In my opinion, the following parties should be joined in the pending Arbitration Proceedings.

4. OTHER ARBITRATION PROCEEDINGS CONTEMPLATED?.....YES ___ NO ___

- A. If YES - Parties contemplated to be joined to Arbitration Proceedings.

In the event that during the pendency of the within Cause of Action, I shall become aware of any change as to any facts stated herein, I shall file an amended certification and serve a copy thereof on all other parties (or their attorneys) who have appeared in said Cause of Action.

FORM 4-002

MOTOR VEHICLE COMPLAINT – DIFFERENT DRIVER AND OWNER

[NAME OF LAW FIRM]
Attorneys for Plaintiff

by: _____
[NAME OF ATTORNEY]

DATED: