



SUPERIOR COURT

**REJECTION OF ARBITRATOR'S AWARD
FOR CASES CERTIFIED TO ARBITRATION AFTER JANUARY 1, 2014**

☐ Providence/Bristol County ☐ Kent County ☐ Washington County ☐ Newport County

PLAINTIFF(S) (Name each plaintiff individually)

CIVIL ACTION NUMBER

DEFENDANT(S) (Name each defendant individually)

Consolidated With

_____ (Name of the ☐ Plaintiff ☐ Defendant) in the above case
rejects the Arbitrator's Award which was filed on _____ (date).

THIS REJECTION MUST BE FILED WITH THE ARBITRATION OFFICE WITHIN THIRTY (30) DAYS OF THE FILING OF THE AWARD WITH A CHECK FOR \$300 (THE REJECTION FEE) AND COPIES CERTIFIED TO OPPOSING COUNSEL.

Attorney for the ☐ Plaintiff ☐ Defendant or ☐ Self-represented litigant

Address

Telephone

Date

CERTIFICATION

The undersigned hereby certifies that on the _____ day of _____, 20____, I mailed a copy of the above REJECTION to:

☐ _____ (Name) Attorney for the Plaintiff at _____

☐ _____ (Name) Attorney for the Defendant at _____

☐ _____ (Name) Self-represented litigant at _____

Attorney for the ☐ Plaintiff ☐ Defendant or
☐ Self-represented litigant