



## SUPERIOR COURT

**REJECTION OF ARBITRATOR'S AWARD  
FOR CASES CERTIFIED TO ARBITRATION BEFORE 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 TWENTY (20) DAYS OF THE FILING OF THE AWARD WITH A CHECK FOR \$200 (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