



STATE OF RHODE ISLAND JUDICIARY

SUPERIOR COURT

ARBITRATOR'S AWARD

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

Plaintiff	Civil Action File Number
Defendant	

The arbitration hearing in the above-entitled case was completed on _____ (date).

The following award is made: _____

_____.

The following are the findings of fact (attach hereto but not to exceed two (2) pages):

_____.

/s/ _____ Arbitrator	Rhode Island Bar Number
	Date

CERTIFICATE OF SERVICE

I hereby certify that, on the _____ day of _____, 20____:

☐ I filed and served this document through the electronic filing system on the following:

The document electronically filed and served is available for viewing and/or downloading from the Rhode Island Judiciary's Electronic Filing System.

☐ I served this document through the electronic filing system on the following:

The document electronically served is available for viewing and/or downloading from the Rhode Island Judiciary's Electronic Filing System.

☐ I mailed or ☐ hand-delivered this document to the attorney for the opposing party and/or the opposing party if self-represented, whose name is _____ at the following address _____.

/s/ _____
Name

THIS FORM MUST BE FILED ELECTRONICALLY (FILING CODE: ARBITRATION - AWARD FILED) WITH THE ARBITRATION OFFICE, LICHT JUDICIAL COMPLEX, 250 BENEFIT STREET, ROOM 531, PROVIDENCE, RI 02903.