



**STATE OF RHODE ISLAND JUDICIARY**  
**SUPERIOR COURT**

**COURT ANNEXED ARBITRATION CERTIFICATE**

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

<b>Plaintiff</b>	<b>Civil Action File Number</b>
<b>Defendant</b>	

The undersigned certifies that the matter is subject to Court Annexed Arbitration according to Rule 1(a) of the Superior Court Rules Governing Arbitration of Civil Actions, and the monetary claim for relief in the amount of \$\_\_\_\_\_ does not exceed \$100,000.

The last responsive pleading was filed on \_\_\_\_\_ (date).

Signature of the Attorney for the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant or <input type="checkbox"/> Self-represented litigant	
/s/ _____	
Date:	Rhode Island Bar Number:

**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

**REGISTERED USERS SHALL ELECTRONICALLY FILE (FILING CODE: ARBITRATION - CERTIFICATE FILED) THIS CERTIFICATE AND THE REQUIRED \$100 FEE (USE SEPARATE FILING CODE FOR FEE - ARBITRATION – INITIAL FEE/PLAINTIFF PAID OR ARBITRATION – INITIAL FEE/DEFENDANT PAID). ALL OTHERS MUST MAIL THIS CERTIFICATE AND THE REQUIRED \$100 FEE TO THE ARBITRATION OFFICE AT THE LICHT JUDICIAL COMPLEX, 250 BENEFIT STREET, ROOM 531, PROVIDENCE, RI 02903.**