



SUPERIOR COURT

SELECTION OF ARBITRATOR

Plaintiff	Civil Action File Number
Defendant	

ATTORNEY FOR THE PLAINTIFF OR THE PLAINTIFF (NAME AND ADDRESS)	ATTORNEY FOR THE DEFENDANT OR THE DEFENDANT (NAME AND ADDRESS)
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The below-named attorney has been mutually selected as the arbitrator in the above-entitled case.

Arbitrator

/s/ _____ Attorney for the Plaintiff or the Plaintiff	Rhode Island Bar Number
	Date
Telephone Number:	

/s/ _____ Attorney for the Defendant or the Defendant	Rhode Island Bar Number
	Date
Telephone Number:	

THIS FORM MUST BE FILED (ELECTRONICALLY IF APPLICABLE) WITH THE ARBITRATION OFFICE, LICHT JUDICIAL COMPLEX, 250 BENEFIT STREET, ROOM 531, PROVIDENCE, RI 02903 ONCE THE REQUIRED INITIAL ARBITRATION FEES HAVE BEEN PAID AND WITHIN FIFTEEN (15) DAYS OF A NOTICE OF DESIGNATION TO ARBITRATION AND APPOINTMENT/SELECTION OF ARBITRATOR, OR AN ARBITRATOR WILL BE APPOINTED BY THE COURT.

Processed by Arbitration Office