

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Plaintiff OR ☐ Defendant

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

PLAINTIFF,

VS.

DEFENDANT.

Case Number: _____

CERTIFICATE OF COMPULSORY ARBITRATION

***Notice to Defendant: If you agree with the Plaintiff's Certificate of Compulsory Arbitration, you DO NOT need to file this form.**

☐ The undersigned certifies that this case is (Please check **ONLY** one option below):
Subject to Arbitration – The amount of money in controversy **DOES NOT** exceed \$50,000,
AND no other affirmative relief is sought.

☐ **Not Subject to Arbitration** – The amount of money in controversy **DOES** exceed \$50,000,
OR other affirmative relief is sought.

***Defendant – If you DISAGREE with the Plaintiff's Certificate of Compulsory Arbitration, please explain why you disagree below:**

SUBMITTED this _____ day of _____, 20_____.

SIGNATURE _____