

ARBITRATION STATISTICAL SUMMARY

Style of Case _____

Case Number _____

Judge _____ Circuit County

Date of Arbitration _____

Number of Hearing(s) _____

Hours _____

Total Charges _____

Type of Case (Primary basis for lawsuit) Consumer
 Contract
 Eminent Domain
 Employment
 Malpractice
 Property Damage/ Insurance
 Personal Injury/PIP
 Products Liability
 Real Property/Mortgage Foreclosure
 Other (please indicate) _____

A party to the arbitration filed a motion seeking a trial de novo after no later than twenty (20) days after the final decision was served? Yes No

Signature of Arbitrator _____

Printed Name of Arbitrator _____

Date _____

RETURN TO:
Court Mediation and Arbitration Program
Broward County Courthouse
Room 19150
201 S. E. 6th Street
Fort Lauderdale, Florida 33301
Tel: (954) 831-6077
Fax: (954) 831-6079