

Arbitration Management Conference

Instructions: The Neutral Arbitrator must complete this form and return it to the Independent Administrator within five days of the Arbitration Management Conference. The Neutral Arbitrator must simultaneously serve a copy of this form on the Claimant(s) and Respondent(s). See Rule 25. If you have any questions, please call the OIA at (213) 637-9847.

Arbitration Name: _____

Arbitration Number: _____

Date of Arbitration Management Conference _____

Deadline for hearing substantive motions _____

Date for Mandatory Settlement Meeting _____

Date(s) Arbitration Hearing will occur _____

_____ Will Interpreters be needed (including language/hearing impaired)

Party Arbitrators:

_____ Because the claim for damages is \$200,000 or less, there will not be Party Arbitrators. (If Claimant(s) would like Respondent(s) to pay all of the Neutral Arbitrator's fees, they must sign the Waiver of Objection to Payment of Fees Form.)

_____ The claim for damages is more than \$200,000, and the Parties have waived or will waive Party Arbitrators and sign the Waiver of Party Arbitrator Forms. (If Claimant(s) would like respondent(s) to pay all of the Neutral Arbitrator's fees, they must also sign the Waiver of Objection to Payment of Fees Form.)

_____ The claim for damages is more than \$200,000, and the Parties will have Party Arbitrators.

Any further notes and deadlines: _____

Signature of Neutral Arbitrator

Date