

APPENDIX XXII-A (R. 4:21A-4)
UNIFORM ARBITRATION STATEMENT OF FACTS
(Use for all but Commercial Cases)

Caption: _____
(Please include Consolidated Case Docket No. if applicable) (Verbal Threshold) Yes _____ No _____

Docket No: _____ Arbitration Date/Time: _____ Auto: _____
P.I.: _____

Party Represented: _____

I. Briefly describe the accident/incident occurred. (Please attach police report or expert liability reports):

II. Liability (Please attach expert reports)

III. Damages

A. Non-Economic Losses

1. List injuries (Please attach only hospital discharge summary and/or narrative reports/IME)

2. List objective testing and dates.

3. List current treatments and complaints.

B. Economic Losses (List all out of pocket expenses)

1. Itemized list of all medical bills

<u>Treating Doctor/Hospital/Other</u>	<u>Amount</u>	<u>Total Amount Unpaid Bills</u>
_____	_____	_____

2. Net Wage Loss (List all out of pocket expenses)

3. Miscellaneous expense (Please itemize)

C. Workers-Compensation and Other Liens (please list)

IV. Other issues you contend that the arbitrator should consider:

I certify this information to be complete and accurate and that copies of this statement have been timely served on all adversaries pursuant to R. 4:21A-4.

Signature of Attorney or *Pro Se* Litigant

Date: _____

(Please print or type name)

Attorney for: _____

PLEASE DO NOT SEND COPIES OF BILLS, DEPOSITION TRANSCRIPTS, INTERROGATORIES, OR COPIES OF PHOTOGRAPHS. HOWEVER, BE PREPARED TO BRING COPIES OF RELEVANT EVIDENCE.

NOTE: Information provided on this form can not be used for evidentiary purposes in any trial of this matter

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