

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice

District Superior Court Division

Name And Address Of Plaintiff(s)

ARBITRATION REQUEST FOR TRIAL DE NOVO

VERSUS

Name And Address Of Defendant(s)

Rule 5, Court-Ordered Arbitration

TO THE COURT:

The party named below requests trial *de novo*. Please place this case on the trial calendar.

NOTE: A request for trial *de novo* accompanied by a \$100 filing fee must be filed with the Clerk within thirty (30) days after service of the Award.

Name Of Party Requesting Trial De Novo

Signature

Date Of Request

Name (Type Or Print)

Party Attorney

CERTIFICATE OF SERVICE

I certify that a copy of this Request For Trial De Novo was served as follows:

On the Plaintiff, (name plaintiff) _____, on (give date) _____ by

- depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the plaintiff at the address listed above. the plaintiff's attorney at the following address: _____.
- sending it to the plaintiff's attorney at the attorney's office by telefacsimile to the telephone number on confirmed telefacsimile receipt, which is attached.
- Other:

On Defendant 1, (name defendant) _____, on (give date) _____ by

- depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the defendant at the address listed above. the defendant's attorney at the following address: _____.
- sending it to the defendant's attorney at the attorney's office by telefacsimile to the telephone number on confirmed telefacsimile receipt, which is attached.
- Other:

On Defendant 2, (name defendant) _____, on (give date) _____ by

- depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the defendant at the address listed above. the defendant's attorney at the following address: _____.
- sending it to the defendant's attorney at the attorney's office by telefacsimile to the telephone number on confirmed telefacsimile receipt, which is attached.
- Other:

Signature Of Party Or Attorney