

ARBITRATION STATUS REPORT

	:	<b>CIVIL DIVISION</b>
	:	AD No.: _____
	:	
vs.	:	Plaintiff(s),
	:	
	:	Defendant(s).

**Arbitration date:**

Plaintiff's Counsel: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_

Defendant's Counsel: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_

Status of Settlement negotiations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Anticipated total length of Arbitration Hearing – (counsel should consult with all sides to provide a reliable estimate of time because other arbitration hearings may be scheduled to follow the time allotted for your case) \_\_\_\_\_.

Other considerations that the court needs to be aware of concerning scheduling of a hearing time:  
 \_\_\_\_\_

NOTICE: Any continuance requested after the scheduling of a hearing time for your arbitration hearing will require the payment of the arbitrators' fees.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Plaintiff / Defendant  
 (Legal counsel or party, if unrepresented)

Counsel or pro se parties may file this form individually or jointly.

---

**This form may be filed in person, emailed to [courtadm@co.butler.pa.us](mailto:courtadm@co.butler.pa.us), or faxed to the office Court Administration (724-284-5185).**