

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

\_\_\_\_\_  
Name of Plaintiff

CASE NUMBER: S1100

**CERTIFICATE OF  
COMPULSORY ARBITRATION**

\_\_\_\_\_  
Name of Defendant

The undersigned certifies that the largest award sought by the complainant, including punitive damages, but excluding interest, attorneys' fee, and costs  **DOES**  **DOES NOT** (*CHECK ONE*) exceed limits set by Local Rule for compulsory arbitration.

This case  **IS**  **IS NOT** (*CHECK ONE*) subject to the Uniform Rules of Procedures for Arbitration.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Attorney / Plaintiff)