

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: _____

**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)