

## Designation of Extraordinary Arbitration

**Instructions:** Designation of an arbitration as extraordinary is optional and should occur very rarely. If an arbitration is designated Extraordinary, the Neutral Arbitrator must complete this form. In addition, unrepresented parties and counsel must sign this form. The Neutral Arbitrator must return this form to the Independent Administrator within five days of the Arbitration Management Conference or any subsequent designation of the Arbitration as Extraordinary. See Arbitration Rule 24.c. Return this form to

Office of the Independent Administrator  
3580 Wilshire Boulevard, Suite 2020  
Los Angeles, California 90010  
Fax: 213-637-8658

Arbitration \_\_\_\_\_

Arbitration Number \_\_\_\_\_

Date Independent Administrator received  
Filing Fee or waived Filing Fee

\_\_\_\_\_

Date of Arbitration Management Conference

\_\_\_\_\_

Deadline for hearing substantive motions

\_\_\_\_\_

Deadline for Mandatory Settlement Meeting

\_\_\_\_\_

Date(s) Arbitration Hearing will occur

\_\_\_\_\_

Deadline for Independent Administrator to  
receive Arbitration Award

\_\_\_\_\_

This arbitration is extraordinary and cannot be disposed of in thirty months for the following reasons: \_\_\_\_\_

As Neutral Arbitrator, I will do the following, or have set the following additional deadlines or conferences, to ensure that the arbitration is completed within the deadlines set out above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any further notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Designation of Extraordinary Arbitration**  
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\_\_\_\_\_  
Signature of Neutral Arbitrator

\_\_\_\_\_  
Date

I agree that this is an extraordinary case and requires more than thirty months to be decided.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant's Counsel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent's Counsel

\_\_\_\_\_  
Date