

Arbitration Management Conference

Instructions: The Neutral Arbitrator must complete this form, return it to the OIA, and serve a copy on the Claimant(s) and Respondent(s) within five days of the Arbitration Management Conference. See Rule 25.

Arbitration Name: _____ **Arbitration Number:** _____

Date of Arbitration Management Conference _____

Deadline for hearing substantive motions _____

Date for Mandatory Settlement Meeting _____

Date(s) Arbitration Hearing will occur _____

_____ Will Interpreters be needed (including language/hearing impaired)

If yes, please specify language: _____

Party Arbitrators:

_____ Because the claim for damages is \$200,000 or less, there will not be Party Arbitrators. **(If Claimant(s) would like Respondent(s) to pay all of the Neutral Arbitrator's fees, they must sign the Waiver of Objection to Payment of Fees Form.)**

_____ The claim for damages is more than \$200,000, and the Parties have waived or will waive Party Arbitrators and sign the Waiver of Party Arbitrator Forms. **(If Claimant(s) would like Respondent(s) to pay all of the Neutral Arbitrator's fees, they must also sign the Waiver of Objection to Payment of Fees Form.)**

_____ The claim for damages is more than \$200,000, and the parties will have party arbitrators.

Any further notes and deadlines:

Signature of Neutral Arbitrator

Date