

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

Name Of Plaintiff(s)

ARBITRATION

REQUEST
FOR
TRIAL DE NOVO

Rule 5, Court-Ordered Arbitration

VERSUS

Name Of Defendant(s)

TO THE COURT:

The party named below requests trial *de novo*. Please place this case on the trial calendar.

NOTE: A request for trial *de novo* accompanied by a \$75 filing fee must be filed with the Clerk within thirty (30) days of the Award filing date.

Name Of Party Requesting Trial De Novo

Signature

Date Of Request

Name (Type Or Print)

Party Attorney

CERTIFICATE OF SERVICE

I certify that a copy of this Request was served by

- depositing a copy enclosed in a postpaid properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to
 - plaintiff. plaintiff's attorney.
 - defendant. defendant's attorney.
- delivering a copy personally to
 - plaintiff. plaintiff's attorney.
 - defendant. defendant's attorney.
- leaving a copy at the
 - plaintiff's attorney's office with a partner or employee.
 - defendant's attorney's office with a partner or employee.

Date Served

Signature Of Party Or Attorney