

Pre-Arbitration Hearing Information Form

Case Number _____ Vehicle Year/Make/Model _____

Circle one: Customer or Manufacturer

Name: _____

Address: _____

Phone: _____

Scheduled Hearing

Date:

Time:

Location:

Arbitrator:

Please provide the Arbitrator with the following information:

1. Will you be represented by an attorney? Yes _____ No _____

If yes, please provide: Name _____

Address _____

Phone _____

2. Will you be using an interpreter? Yes _____ No _____

If yes, please provide: Name _____

Address _____

Phone _____

3. Will you be calling witnesses? Yes _____ No _____

If yes, please provide names:

4. The Arbitrator will consider all of the information you have already submitted. If you have any additional information you want considered, please attach it to this document.

5. Are you requesting the Arbitrator to inspect the vehicle? Yes _____ No _____

Are you requesting the Arbitrator to ride in the vehicle? Yes _____ No _____

In the event of a test drive the owner must bring to the arbitration hearing proof of valid insurance on the vehicle.

This form must be received by _____ at least 7 days prior to the hearing.

Signed:

_____ Date: _____
(Customer/Manufacturer)—please strike one that does not apply