IN THE CIRCUIT COURT OF THE STATE OF OREGON

FOR THE COUNTY OF MULTNOMAH

Court Mandatory Arbitration Program ORS 36.400

_____,	)	
Plaintiff/Petitioner,	)	CASE #_____
	)	
vs.	)	
	)	NOTICE OF SELECTION OF
	)	ARBITRATOR AND SETTING
	)	OF DATE FOR HEARING
_____,	)	
Defendant/Respondent	)	

PLAINTIFF'S ATTORNEY: _____

PHONE: _____ **FAX:** _____

DEFENDANT'S ATTORNEY: _____

PHONE: _____ **FAX:** _____

THE PARTIES HAVE AGREED THAT THE ARBITRATOR WILL BE:

NAME: _____ **BAR #:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

ADDRESS: _____

_____

_____

THE ARBITRATOR HAS SCHEDULED A HEARING:

DATE: _____ **TIME:** _____

LOCATION: _____

❑ **THIS DATE IS WITHIN THE 90 DAYS ALLOWED.**

❑ **THIS DATE IS MORE THAN 90 DAYS FROM ASSIGNMENT TO ARBITRATION AND MUST BE APPROVED BY THE COURT.**

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CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT I HAVE SENT COPIES OF THIS NOTICE TO ALL PARTIES/ATTORNEYS OF RECORD AND THE ARBITRATOR.

DATE: _____ _____

Signature of Plaintiff/Attorney

****

ORDER APPROVING HEARING DATE BEYOND 90 DAYS FROM ASSIGNMENT

APPROVED_____ **DENIED**_____

DATE:_____ _____

JUDGE