COMPULSORY ARBITRATION MOTION PRACTICE

RESPONSE TO ARBITRATION APPLICATION

SEND TO APPLICANT FOR ATTACHMENT TO APPLICATION. LIST ALL COURT TERMS AND NUMBERS OF CONSOLIDATED CASES IN SPACE DIRECTLY BELOW.	**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA** **COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY** **ARBITRATION CENTER** **1880 JOHN F. KENNEDY BLVD., 5TH FLOOR** **PHILADELPHIA, PA 19103**

COURT TERM AND NUMBER	APPLICANT ☐ Plaintiff ☐ Defendant	DATE AND TIME OF LISTED HEARING

CAPTION
PLAINTIFF'S COUNSEL AND PHONE NO.
DEFENDANT'S COUNSEL AND PHONE NO.
ADDITIONAL DEFENDANT'S COUNSEL AND PHONE NO.

DATE APPLICATION RECEIVED	DATE RESPONSE SENT TO APPLICANT

SET FORTH YOUR POSITION CONCERNING THE MOVING PARTY'S REQUESTED RELIEF (ATTACH PROPOSED ORDER)

I hereby certify the above is true and correct.

Respectfully submitted,

_____
Date

_____
, Esquire
Filing Date