

**DELAWARE COUNTY COURT OF COMMON PLEAS
APPEAL FROM ARBITRATION AWARD**

CASE CAPTION:

NO. _____

TRIAL DATE: _____

AWARD DATE: _____

APPEAL DATE: _____

COMPANION CASE (IF ANY)

Notice is given that (party's name): _____
appeals from the award of the board of arbitrators entered in this case.

A jury trial is demanded. (Check box if a jury trial is demanded. Otherwise jury is waived, see Pa. R.C.P 1007.1 (b).)

I hereby certify that: (check one box)

the compensation of the arbitrators has been paid, or

application has been made to proceed in forma pauperis.

Plaintiff's Attorney

Defendant's Attorney

Name

Name

Address

Address

Phone

Phone

Name

Name

Address

Address

Phone

Phone

*Include additional names and addresses on back of form.

Name and address of any Unrepresented Party: _____

Signature: _____ Date: _____

INSTRUCTIONS: This form must be completed in its entirety. No affidavit or verification is required. File in triplicate with the Office of Judicial Support. File separate appeal forms for each companion case.