DELAWARE COUNTY COURT OF COMMON PLEAS APPEAL FROM ARBITRATION AWARD

E CAPTIO	N:	NO
		TRIAL DATE:
		AWARD DATE:
	CASE (IF ANY)	APPEAL DATE:
Notic eals from	e is given that (party's name): the award of the board of arbitrate	ors entered in this case.
□ see F	A jury trial is demanded. (Chec Pa. R.C.P 1007.1 (b).)	k box if a jury trial is demanded. Otherwise jury is waived,
l here	eby certify that: (check one box)	
	the compensation of the arbitra	tors has been paid, or
	application has been made to proceed in forma pauperis.	
	Plaintiff's Attorney	Defendant's Attorney
Nan	ne	Name
Address		Address
Phor	ne	Phone
Name		Name
Address		Address
Phor	ne	Phone
*Inclu	de additional names and addresses on bac	sk of form.
Name	and address of any Unrepresented Party:	
Signat	ure:	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.