

**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.