

**Contra Costa County Bar Association
REQUEST FOR ARBITRATION HEARING DATES**

CASE TITLE: _____ **v.** _____

1. **HEARING DATE:** To avoid having a hearing date set that is inconvenient for you, please **CROSS OUT (X)** those dates which you are NOT available on the months listed below. You should leave as many days free as possible, but you must leave at least 7 days a month free, or attach an explanation showing good cause as to why you are unavailable.

20 _____
Month of _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
X						X
X						X
X						X
X						X
X						X

Month of _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
X						X
X						X
X						X
X						X
X						X

NOTE: Saturday, Sundays, holidays and any other unavailable days have already been marked off (X).

2. **LENGTH OF HEARING:**
How many hours of hearing would you estimate this case will require? _____

3. **RETURN FORM BY:** _____. If this form is not received in our office by the date shown above, it will be assumed that you are available any day and a hearing date will be set accordingly. You will then be required to attend.

4. **RETURN THIS FORM TO:** _____
Arbitrator's Name

Firm Name

Address

City, State, Zip

5. INITIAL _____ & DATE _____