

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice

District Superior Court Division

Name And Address Of Plaintiff(s)

**ARBITRATION
DISMISSAL
OF
TRIAL DE NOVO**

VERSUS

Name And Address Of Defendant(s)

Rule 9, Rules For Court-Ordered Arbitration In North Carolina

TO THE COURT:

The parties named below consent to the dismissal of the pending trial *de novo*. Please remove this case from the trial calendar.

Complete the following information if known:

Trial De Novo Date Time Location
 AM PM

The plaintiff consents to the dismissal of this trial de novo as to all of the parties and all of the issues.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Plaintiff Or Attorney

Deputy CSC Assistant CSC Clerk Of Superior Court

Notary

Date My Commission Expires

SEAL

County Where Notarized

The plaintiff consents to the dismissal of this trial de novo as to all of the parties and all of the issues.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Plaintiff Or Attorney

Deputy CSC Assistant CSC Clerk Of Superior Court

Notary

Date My Commission Expires

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County Where Notarized

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Deputy CSC Assistant CSC Clerk Of Superior Court

Notary

Date My Commission Expires

SEAL

County Where Notarized

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SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Plaintiff Or Attorney
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	

The defendant consents to the dismissal of this trial de novo as to all of the parties and all of the issues.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Defendant Or Attorney
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	

The defendant consents to the dismissal of this trial de novo as to all of the parties and all of the issues.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Defendant Or Attorney
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	

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SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Defendant Or Attorney
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		
<input type="checkbox"/> Notary	Date My Commission Expires	
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Date	Signature Of Person Authorized To Administer Oaths	Signature Of Defendant Or Attorney
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	