

Arbitrator Assessment Form  
U.S. District Court  
Eastern District of New York

(Please Type Information If Possible)

Case Number \_\_\_\_\_ Case Caption \_\_\_\_\_

Arbitrator: \_\_\_\_\_ How Long Have you Been on  
Arbitration Panel? \_\_\_\_\_ How many times have you served  
since appointment? \_\_\_\_\_ Where? \_\_\_\_\_ Brooklyn \_\_\_\_\_ Long Island  
\_\_\_\_\_ Both

1. Date matter received by you for hearing \_\_\_\_\_

2. Date Hearing Scheduled \_\_\_\_\_

3. Did the arbitration hearing take place?

\_\_\_\_\_ Yes. Was more than 1 hearing date  
needed? \_\_\_\_\_ How Many \_\_\_\_\_

\_\_\_\_\_ No, case settled

\_\_\_\_\_ No, case was dismissed

OTHER: \_\_\_\_\_  
\_\_\_\_\_

4. Was an adjournment of the hearing requested and for

what time period \_\_\_\_\_ Was an adjournment

granted \_\_\_\_\_ For what time period,

( ) 30 days ( ) 60 days ( ) 90 days ( ) More

Reason adjourned \_\_\_\_\_  
\_\_\_\_\_

Arbitrator Assessment (cont'd)

5. Did the parties appear to understand your role as Arbitrator?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Were the parties cooperative? Yes \_\_\_\_\_ No \_\_\_\_\_

(If no, explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was the problem resolved: \_\_\_\_\_  
\_\_\_\_\_

7. What do you think of the arbitration process?

\_\_\_\_\_  
\_\_\_\_\_

8. If the program were voluntary, would you submit your case To arbitration in this Court?

\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How do you see the program improved in the future:

\_\_\_\_\_  
\_\_\_\_\_

Arbitrator Assessment (cont'd)

10. Please provide the following information so that we may  
Update our records:

Firm Name\_\_\_\_\_

Address \_\_\_\_\_

Telephone\_\_\_\_\_

Facsimile\_\_\_\_\_

E-Mail\_\_\_\_\_

The completed form should be sent to:

U.S. District Court, EDNY  
225 Cadman Plaza East  
Brooklyn, New York 11205  
Attn: Arbitration Clerk  
(718) 260-2325