

# COMPULSORY ARBITRATION MOTION PRACTICE

## ONE-TIME ONLY RESCHEDULING AGREEMENT

*By Agreement of All Parties*

MUST BE ELECTRONICALLY FILED NO LATER THAN TWO DAYS BEFORE THE SCHEDULED HEARING DATE.		FIRST JUDICIAL DISTRICT OF PENNSYLVANIA COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY ARBITRATION CENTER 1880 JOHN F. KENNEDY BLVD., 5TH FLOOR PHILADELPHIA, PA 19103	
LIST ALL COURT TERMS AND NUMBERS OF CONSOLIDATED CASES IN SPACE DIRECTLY BELOW.			
COURT TERM AND NUMBER	APPLICANT <b>JOINT REQUEST</b>	LIST DATE OF ORIGINAL SCHEDULED HEARING	
CAPTION			

All parties and/or Counsel agree to reschedule the hearing to the following new date and time (*new date must be within 2 weeks before or after original scheduled hearing date*):

Name of Plaintiff _____		
PRINT NAME OF COUNSEL FOR PLAINTIFF AND PHONE NO.	SIGNATURE OF PARTY OR COUNSEL ( <i>Fax Signature Acceptable</i> )	DATE

Name of Defendant _____		
PRINT NAME OF COUNSEL FOR DEFENDANT AND PHONE NO.	SIGNATURE OF PARTY OR COUNSEL ( <i>Fax Signature Acceptable</i> )	DATE

Name of Defendant _____		
PRINT NAME OF COUNSEL FOR DEFENDANT AND PHONE NO.	SIGNATURE OF PARTY OR COUNSEL ( <i>Fax Signature Acceptable</i> )	DATE

Name of Defendant _____		
PRINT NAME OF COUNSEL FOR DEFENDANT AND PHONE NO.	SIGNATURE OF PARTY OR COUNSEL ( <i>Fax Signature Acceptable</i> )	DATE

Name of Additional Defendant _____		
PRINT NAME OF COUNSEL FOR ADDITIONAL DEFENDANT AND PHONE NO.	SIGNATURE OF PARTY OR COUNSEL ( <i>Fax Signature Acceptable</i> )	DATE

**NOTE:**

**THIS AGREEMENT MUST BE SIGNED BY ALL COUNSEL OF RECORD OR BY UNREPRESENTED PARTIES.  
THE SIGNED AGREEMENT IS TO BE RETAINED BY THE PARTIES.  
A SCANNED COPY OF THE AGREEMENT MUST BE ELECTRONICALLY FILED.**