



**STATE OF NEW JERSEY  
PUBLIC EMPLOYMENT RELATIONS COMMISSION  
PO Box 429  
TRENTON, NEW JERSEY 08625-0429**

**For Courier Delivery  
495 West State St.  
Trenton, NJ 08618**

**PETITION TO INITIATE COMPULSORY  
INTEREST ARBITRATION**

Phone: 609-292-9898

[www.state.nj.us/perc](http://www.state.nj.us/perc)

<b>INSTRUCTIONS:</b> File an original and 4 copies of this notice with the Director of Arbitration. If more space is required for any item, attach additional sheets, numbering the item accordingly. Proof of service of this form is required if it is not a jointly filed petition. Additional instructions appear at the end of this form in the event it is not jointly filed.	<b><u>DO NOT WRITE IN THIS SPACE</u></b>  <b>DOCKET NO.</b>  <b>DATE FILED:</b>
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Negotiations between a public fire or police department and an exclusive representative of employees of a public fire or police department shall begin at least 120 days prior to the day on which their collective negotiations agreement is to expire. On or after the date on which their collective negotiations agreement expires either party may use this form to file a petition to initiate compulsory interest arbitration. Filing of this form will terminate any on going mediation or factfinding proceeding involving the parties to this impasse. N.J.S.A. 34:13A-16b(2) This form may also be used to initiate interest arbitration in the event of a continuing impasse following receipt of a factfinder's findings of fact and recommended terms of settlement.

**1. PUBLIC EMPLOYER**

Full Name:		County:	
Name, Title and Address of Employer Representative to Contact:		Name and Address of Attorney/Consultant Representing Public Employer (if any):	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	

**2. EXCLUSIVE REPRESENTATIVE**

Full Name:			
Name, Title and Address of Representative to Contact:		Name and Address of Attorney/Consultant Representing Exclusive Representative (if any):	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	

<b>3. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT:</b>  Included:   Excluded:	Approximate number of employees in the unit:
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<b>4a. Dates and duration of negotiations sessions:</b>  _____ (If none, so state)	<b>4b. Has either party previously requested mediation?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>4c. If so, has a mediator been appointed?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ Name of mediator	<b>4d. If so, the number and dates of sessions:</b>  _____
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<b>4e. Has an unfair practice charge been filed pertaining to these negotiations?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4f. If so, date of filing and docket number</b>  _____
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<b>5a. Has factfinding with recommendations for settlement been invoked?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5b. If so, has a factfinder been appointed?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ Name of factfinder
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<b>5c. If so, has a factfinder's report issued?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5d. If so, date of factfinder's report?</b>  _____
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