



STATE OF NEW JERSEY
PUBLIC EMPLOYMENT RELATIONS COMMISSION
 PO Box 429
 TRENTON, NEW JERSEY 08625-0429
PETITION TO INITIATE COMPULSORY
INTEREST ARBITRATION

Courier Delivery:
 495 West State St.,
 Trenton, NJ 08618
 www.state.nj.us/perc
 Phone: 609.292.9898
 Fax: 609.777.0089
 Email: Mail@perc.state.nj.us

INSTRUCTIONS: Pursuant to <u>N.J.A.C. 19:16-5.1</u> , 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. Pursuant to <u>N.J.A.C. 19:10-2.3</u> , this form may alternatively be filed by email or fax.	<u>DO NOT WRITE IN THIS SPACE</u> DOCKET NO. DATE FILED:
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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).

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:	

3. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT:

Included:

Excluded:

Approximate number of employees in the unit:

4a. Dates and duration of negotiations sessions:

(If none, so state)

4b. Has either party previously requested mediation?

Yes No

4c. If so, has a mediator been appointed?

Yes No _____

Name of mediator

4d. If so, the number and dates of sessions:

4e. Has an unfair practice charge been filed pertaining to these negotiations?

Yes No

4f. If so, date of filing and docket number

5a. Has factfinding with recommendations for settlement been invoked?

Yes No

5b. If so, has a factfinder been appointed?

Yes No _____

Name of factfinder

5c. If so, has a factfinder's report issued?

Yes No

5d. If so, date of factfinder's report?
