**ABOPRE**

Attorney’s Name

Attorney’s Bar Number

Attorney’s Firm Name

Attorney’s Address

Attorney’s Phone Number

Party Attorney Represents

DISTRICT COURT

CLARK COUNTY, NEVADA

 )

 )

 )

 Plaintiff, )

 )

v. ) CASE NO. A-

 ) DEPT NO.

 )

 Defendants. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**OPPOSITION TO REQUEST FOR EXEMPTION FROM ARBITRATION**

 (Plaintiff/Defendant) by and through his attorney of record,

 , Esq., of the law firm of hereby submits facts and argument in opposition to the Request for Exemption filed by

 .

 contends this case should remain in arbitration for the following reasons: .

 DATED this day of , 20\_\_.

 ATTORNEY

 BAR NUMBER

 ADDRESS

 PARTY

ARB FORM 8 (1 of 2)

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing OPPOSITION TO REQUEST FOR EXEMPTION FROM ARBITRATION in a sealed envelope, to the following counsel of record and that postage was fully prepaid thereon ***OR*** this document was served via E-Service:

 EMPLOYEE OF ATTORNEY

**NOTE: THE ADR COMMISSIONER WILL CONSIDER ANY WRITTEN OPPOSITION TO REQUEST, IF FILED WITHIN 7 DAYS OF SERVICE OF THE REQUEST; SAID OPPOSITION MUST BE SERVED ON THE MOVANT IN A**

 **TIMELY FASHION TO BE CONSIDERED.**

**NOTE: Pursuant to NRS Chapter 239B and NRS 603A.040 this document and**

**any attachments thereto must not contain personal information including, without limitation, home address/phone number, social security number, driver’s license number or identification card number, account number, PIN numbers, credit card number or debit card number, in combination with any required security code, access code or password that would permit access to the person’s financial account.**

**NOTE: PURSUANT TO NEFCR RULE 9(f)(2) AN ADDITIONAL 3 DAYS IS NOT ADDED TO THE TIME IF SERVED ELECTRONICALLY (VIA E-SERVICE).**

ARB FORM 8 (2 of 2)