**ABREPL**

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. )

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

**REPLY TO OPPOSITION TO REQUEST FOR EXEMPTION**

**FROM ARBITRATION**

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

, Esq., of the law firm of , hereby files this Reply to the Opposition to the Request for Exemption.

(State facts in reply to the Opposition and in support of the Request for Exemption here).

DATED this day of , 20\_\_.

ATTORNEY

BAR NUMBER

ADDRESS

PARTY

ARB FORM 10 (1 of 2)

CASE NAME/CASE #

CERTIFICATE OF SERVICE

I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing REPLY TO 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: 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.**

ARB FORM 10 (2 of 2)