**ABSUPREA**

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. )

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

**SUPPLEMENT TO REQUEST FOR EXEMPTION FROM ARBITRATION**

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

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

 (Please set forth additional facts here) .

 DATED this day of , 20\_\_.

 ATTORNEY

 BAR NUMBER

 ADDRESS

 PARTY

ARB FORM 11 (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 SUPPLEMENT 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 11 (2 of 2)