**ABJRE**

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. )

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

**JOINT REQUEST FOR EXEMPTION FROM ARBITRATION**

 (Plaintiff and Defendant) , by and through their undersigned counsel of record, hereby request the above-entitled matter be exempted from the Court Annexed Arbitration Program, pursuant to NAR 5, as this case:

 1. presents a significant issue of public policy;

 2. involves an amount in issue in excess of $50,000 per Plaintiff,

 exclusive of interest and costs;

 3. presents unusual circumstances which constitute good cause for removal from the program.

 A specific summary of the facts, including any evidentiary support necessary which supports our contention for exemption is as follows: [should include nature of case; amount of damages sought; if personal injury case, include injuries sustained and total amount of medicals to date; may attach copies of **key** medical records (do not attach all the medical records); if causation a problem, include necessary expert conclusion] .

ARB FORM 12 (1 of 2)

CASE NAME/CASE #

 The undersigned hereby certify, pursuant to NRCP 11, this case is included within the exemption(s) marked above and the undersigned are aware of the sanctions which may be imposed against any attorney or party who without good cause or justification attempts to remove a case from the Court Annexed Arbitration Program.

The undersigned further certify, pursuant to NRS Chapter 239B and NRS 603A.040, that this document and any attachments thereto do 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.

 DATED this day of , 20\_\_.

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 ATTORNEY ATTORNEY

 BAR NUMBER BAR NUMBER

 ADDRESS ADDRESS

 PARTY PARTY

ARB FORM 12 (2 of 2)