**ABOBDNR**

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. )

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

**OBJECTION TO COMMISSIONER’S DECISION**

**REGARDING ARBITRATION EXEMPTION**

Plaintiff/Defendant , by and through his attorney of record, , Esq., of the law firm of , objects pursuant to NAR 5(d) to the Commissioner’s decision to (exempt/not exempt) the above entitled action from the Court Annexed Arbitration Program.

This objection is based upon the following facts:

.

ARB FORM 13 (1 of 2)

The undersigned makes this objection in good faith and is aware that the District Judge may, pursuant to NAR 5(f), impose any sanction authorized by NRCP 11, against any party who without good cause or justification attempts to remove a case from the arbitration program.

DATED this day of , 20\_\_.

ATTORNEY

BAR NUMBER

ADDRESS

PARTY

CERTIFICATE OF SERVICE

I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing OBJECTION TO COMMISSIONER’S DECISION REGARDING ARBITRATION EXEMPTION 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: OBJECTION MUST BE FILED WITHIN 7 DAYS OF THE DATE**

**THE COMMISSIONER’S DECISION IS SERVED.**

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

ARB FORM 13 (2 of 2)