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. )

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

**ARBITRATION PRE-HEARING STATEMENT**

I. BRIEF DESCRIPTION OF THE ACTION AND CLAIMS FOR RELIEF (OR DEFENSES): .

II. BRIEF DESCRIPTION OF CLAIMS FOR DAMAGES:

 A. SPECIAL DAMAGES: .

 B. GENERAL DAMAGES: .

ARB FORM 24 (1 of 2)

III. LIST OF WITNESSES (PROVIDE ADDRESSES AND PHONE NUMBERS) WITH BRIEF SUMMARY OF EXPECTED TESTIMONY: .

IV. LIST OF EXHIBITS TO BE RELIED UPON: .

V. IDENTIFICATION OF PLEADINGS TO BE RELIED UPON: .

VI. ANTICIPATED ISSUES OF LAW AND EVIDENCE: .

 DATED this day of , 20\_\_

 ATTORNEY

 BAR NUMBER

 ADDRESS

 PARTY

**NOTE: THIS STATEMENT MUST BE FURNISHED TO THE ARBITRATOR AND SERVED UPON ALL OTHER PARTIES TO THE ARBITRATION AT LEAST**

 **14 DAYS PRIOR TO THE DATE OF THE ARBITRATION**

 **HEARING PURSUANT TO NAR 13.**

 **THIS DOES NOT GET FILED WITH THE COURT.**

ARB FORM 24 (2 of 2)