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)