**ABOSPN**

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. )

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

**OPPOSITION TO APPLICATION FOR ATTORNEY FEES,**

**COSTS AND/OR INTEREST**

(Plaintiff/Defendant) , by and through his attorney of record, , Esq., of the law firm of , hereby submits facts and arguments in opposition to the application for attorney fees, costs and/or interest filed by (Name of Party) .

The application for fees, costs, and/or interest should be denied for the following reasons: .

DATED this day of , 20\_\_.

ATTORNEY

BAR NUMBER

ADDRESS

PARTY

ARB FORM 29 (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 OPPOSITION TO APPLICATION FOR ATTORNEY FEES, COSTS AND/OR INTEREST in a sealed envelope, to the following **counsel of record and arbitrator** and that postage was fully prepaid thereon ***OR*** this document was served via E-Service:

EMPLOYEE OF ATTORNEY

**NOTE: RESPONSES TO APPLICATIONS FOR ATTORNEY FEES/COSTS/INTEREST MUST BE SUBMITTED TO THE ARBITRATOR AND FILED AND SERVED ON THE OTHER PARTIES WITHIN 7 DAYS AFTER SERVICE OF THE APPLICATION ON THE RESPONDING PARTY.**

**SERVICE OF APPLICATIONS FOR RELIEF UNDER NAR 17(b) DO NOT TOLL THE TIME PERIODS SPECIFIED IN NAR 18 OR NAR 19.**

**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 29 (2 of 2)