**NR**

Arbitrator’s Name

Arbitrator’s Bar Number

Arbitrator’s Firm Name

Arbitrator’s Address

Arbitrator’s Phone Number

DISTRICT COURT

CLARK COUNTY, NEVADA

 )

 )

 )

 Plaintiff, )

 )

v. ) CASE NO. A-

 ) DEPT NO.

 )

 Defendants. )

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

**NOTICE OF RECUSAL**

**TO:** , attorney for Plaintiff; and

**TO:** , attorney for Defendant.

 Please be advised the undersigned must recuse from the arbitration of the above entitled matter. The reason for the recusal is .

 This recusal and notice thereof is done in accordance with NAR 7(d). An alternate arbitrator shall be appointed pursuant to NAR 6(c) and NAR 6(f).

 DATED this day of , 20\_\_.

 ARBITRATOR

ARB FORM 36 (1 of 2)

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing NOTICE OF RECUSAL 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 ARBITRATOR

ARB FORM 36 (2 of 2)