**ANCOH**

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 CHANGE OF ARBITRATION HEARING DATE/TIME**

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

**TO:** , attorney for Defendant.

YOU WILL HEREBY TAKE NOTICE that the Arbitration Hearing in the above entitled matter has been changed to the day of , 20\_\_, at the hour of a.m./p.m., at my office located at .

YOU ARE HEREBY FURTHER NOTICED that all pre-hearing statements must be furnished at least 14 days prior to the date of the hearing pursuant to NAR 13(a).

DATED this day of , 20\_\_.

ARBITRATOR

ARB FORM 40 (1 of 2)

CERTIFICATE OF SERVICE

I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing NOTICE OF CHANGE OF ARBITRATION HEARING DATE/TIME 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 40 (2 of 2)