**ABCOS**

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. )

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

**CHANGE OF STATUS**

Please be advised the following change of status has taken place in the above arbitration case:

1. Counsel has changed: , Esq. now represents

in place of , Esq.

2. The date of the arbitration will be .

3. The case settled on .

DATED this day of , 20\_\_.

ARBITRATOR

ARB FORM 42 (1 of 2)

CERTIFICATE OF SERVICE

I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing CHANGE OF STATUS 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 42 (2 of 2)