**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)