**ARBA**

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. )

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

**ARBITRATION AWARD**

 The arbitration hearing in this matter was held on the day of , 20\_\_. Having considered the pre-hearing statements of the parties, the testimony of witnesses, the exhibits offered for consideration and arguments on behalf of the parties, and based upon the evidence presented at the arbitration hearing concerning the cause of action for……., I hereby find in favor of (Name of Party) and …….. (“awards damages in the amount of $ ***or*** does not award any damages on that cause of action”).

 DATED this day of , 20\_\_.

 ARBITRATOR

ARB FORM 43 (1 of 2)

CASE NAME/CASE #

**NOTICE**

Pursuant to NAR 18(a), you are hereby notified you have 30 days from the date you are served with this document within which to file a written Request for Trial de Novo with the Clerk of the Court and serve all other parties.

Pursuant to NAR 18(d), the Trial de Novo shall proceed in accordance with the Nevada Short Trial Rules, unless a party timely files a Demand for Removal from the Short Trial Program as provided in NSTR 5.

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing ARBITRATION AWARD 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

**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 43 (2 of 2)