**ABAPPA**

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. )

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

**APPLICATION AND ORDER FOR EXTENSION OF TIME TO FILE AWARD**

(Name of Arbitrator) , arbitrator in the above entitled action hereby requests an extension of time within which to file the award in the above entitled matter pursuant to NAR 17(a).

Date of Arbitration Hearing: .

Extension of time to file award requested until: .

DATED this day of , 20\_\_.

ARBITRATOR

ARB FORM 45 (1 of 2)

CASE NAME/CASE #

**ORDER**

The Application for Extension of Time to File Award in the above entitled matter is:

Granted: Time extended to:

Denied:

DATED this day of , 20\_\_.

ADR COMMISSIONER

CERTIFICATE OF SERVICE

I hereby certify that on the date filed, this document was E-Served or a copy was mailed to any party not registered for e-service on day of , 20\_\_.

COMMISSIONER DESIGNEE

**NOTE: ORIGINAL TO BE SUBMITTED TO THE ADR COMMISSIONER THROUGH THE ADR INBOX (ADRinbox@clarkcountycourts.us). THE ADR OFFICE WILL FILE AND SERVE THE ORDER ON THE REQUEST TO EXTEND TIME TO ALL PARTIES AND THE ARBITRATOR WHEN SIGNED BY THE ADR COMMISSIONER.**

ARB FORM 45 (2 of 2)