**ABRAA**

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. )

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

**REQUEST TO FILE AMENDED ARBITRATION AWARD**

 Pursuant to NAR 17(c), permission is requested to file an Amended Award to correct the following obvious error in the original award: .

 A signed original Amended Award is submitted with this request.

 DATED this day of , 20\_\_.

 ARBITRATOR

ARB FORM 47 (1 of 2)

CASE NAME/CASE #

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing REQUEST TO FILE AMENDED 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: YOU MUST SUBMIT FORMS 47, 48 and 49 TO THE ADR INBOX (ADRinbox@clarkcountycourts.us) TO BE CONSIDERED. PLEASE NOTE THAT AN UNTIMELY REQUEST WILL NOT BE CONSIDERED.**

ARB FORM 47 (2 of 2)