**ABFC**

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. )

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

**ARBITRATOR’S BILL FOR FEES AND COSTS**

 Costs and fees of the arbitrator in the above entitled case are set forth below. Costs and fees must be borne equally by the parties to the arbitration and must be paid within 14 days of the service of this bill. Any dispute concerning fees or costs should be filed with the Clerk of Court within 7 days of service of this bill. [NAR 23 and NAR 24]

 Costs

 Telecopies/Facsimiles

 Photocopies

 Long Distance Calls

 Postage

 Travel and Lodging

 Secretarial Services

 Total Costs (Note: Not to exceed $250)

ARB FORM 50 (1 of 2)

CASE NAME/CASE #

 Fees

 Time Spent @ $150/hour

 Itemize (e.g. conducting early arbitration hearing, drafting arbitration discovery order, reviewing briefs, etc.)

 Total Fees (Note: Not to exceed $2,000)

 Total Fees & Costs

 DATED this day of , 20\_\_.

 ARBITRATOR

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing ARBITRATOR’S BILL FOR FEES AND COSTS 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 NAR 23 AND NAR 24, THE ARBITRATOR HAS**

 **14 DAYS TO SUBMIT COST/FEE BILL.**

ARB FORM 50 (2 of 2)