**MJARB**

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. ) **HEARING REQUESTED**

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

**MOTION TO ENTER JUDGMENT FOR ARBITRATOR’S FEES & COSTS**

 Arbitrator, , hereby moves this Court for an order entering judgment for unpaid fees and costs due for services rendered in arbitration proceedings in the above entitled matter.

 This motion is based upon the points and authorities attached hereto, the pleadings and papers on file herein and argument at the hearing of this matter.

 DATED this day of , 20\_\_.

 ARBITRATOR

 BAR NUMBER

 FIRM NAME

 ADDRESS

ARB FORM 51 (1 of 3)

**POINTS AND AUTHORITIES**

Nevada Arbitration Rules 23(c) and NAR 24(c) provide in part as follows:

 If any party fails to pay that party’s portion of the arbitrator’s fees/costs

 within the time prescribed in this subsection, the district court shall,

 after giving appropriate notice and opportunity to be heard, enter a

 judgment and a writ of execution against the delinquent party for the

 amount owed by the party to the arbitrator, plus any costs and

 attorney fees incurred by the arbitrator in the collection of the fees/costs.

 A copy of the arbitrator’s bill [attached hereto as exhibit “A”] was served on the parties on (date) . More than 14 days have passed since the service of the bill and (party) has failed to pay his portion. No dispute as to the amount of the bill was brought before the ADR Commissioner.

**[NOTE: ALTERNATIVELY, THE SENTENCE COULD READ THAT AN OBJECTION WAS BROUGHT BEFORE THE COMMISSIONER AND RESOLVED IN FAVOR OF THE ARBITRATOR IN THE AMOUNT NOW SOUGHT.]**

 Arbitrator now seeks judgment for the outstanding bill, as well as costs and fees incurred by the necessity of bringing this motion.

 DATED this day of , 20\_\_.

 ARBITRATOR

 BAR NUMBER

 FIRM NAME

 ADDRESS

ARB FORM 51 (2 of 3)

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing MOTION TO ENTER JUDGMENT FOR ARBITRATOR’S 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: THIS MOTION TO BE FILED WITH THE COUNTY CLERK’S OFFICE.**

 **ATTACH A COPY OF FEE/COST BILL AS EXHIBIT “A” AND ALSO A COPY OF COMMISSIONER’S DECISION ON OBJECTION, IF APPLICABLE.**

ARB FORM 51 (3 of 3)