**ABFEOP**

Attorney’s Name

Attorney’s Bar Number

Attorney’s Firm Name

Attorney’s Address

Attorney’s Phone Number

Party Attorney Represents

DISTRICT COURT

CLARK COUNTY, NEVADA

 )

 )

 )

 Plaintiff, )

 )

v. ) CASE NO. A-

 ) DEPT NO.

 )

 Defendants. )

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

**OPPOSITION TO REQUEST FOR INCREASE OF ARBITRATOR’S FEES**

 (Plaintiff/Defendant) , by and through his undersigned counsel of record , Esq., of the law firm of , hereby opposes the Arbitrator’s Request for an increase in fees in the above entitled matter.

 The Opposition is based on the following: .

 DATED this day of , 20\_\_.

 ATTORNEY

ARB FORM 54 (1 of 2)

CERTIFICATE OF SERVICE

 I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing OPPOSITION TO REQUEST FOR INCREASE OF ARBITRATOR’S FEES in a sealed envelope, to the following counsel of record **and Arbitrator** and that postage was fully prepaid thereon ***OR*** this document was served via E-Service:

 EMPLOYEE OF ATTORNEY

ARB FORM 54 (2 of 2)