**ABOFEE**

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. )

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

**ORDER ON REQUEST FOR INCREASE OF ARBITRATOR’S FEES**

The Request for an Increase in Arbitrator’s Fees in the above entitled matter is:

GRANTED

DENIED

DATED this day of , 20\_\_.

ADR COMMISSIONER

ARB FORM 55 (1 of 2)

CERTIFICATE OF SERVICE

I hereby certify that on the date filed, the ORDER ON REQUEST FOR INCREASE OF ARBITRATOR’S FEES was E-Served or a copy was mailed to any party not registered for e-service on day of , 20\_\_.

COMMISSIONER DESIGNEE

**NOTE: THE ADR OFFICE WILL FILE AND SERVE THE ORDER ON REQUEST FOR INCREASE OF ARBITRATOR’S FEES ON ALL PARTIES AND THE ARBITRATOR UPON APPROVAL/DENIAL BY THE ADR COMMISSIONER.**

ARB FORM 55 (2 of 2)