**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)