**AUTOMATIC ARBITRATION EXEMPTIONS**

1. Class action;

2. Appeals from courts of limited jurisdiction;

3. Probate actions;

4. Divorce and other domestic relations actions;

5. Actions seeking judicial review of administrative decisions;

6. Actions concerning title to real estate;

7. Actions for declaratory relief;

8. Actions for medical or dental malpractice governed by the provisions of

NRS 41A.003 to 41A.120, inclusive (*not professional negligence*);

9. Actions seeking equitable or extraordinary relief;

10. Business court actions;

11. Construction defect actions; and

12. Actions in which any of the parties is incarcerated.

**NOTE:** All civil “A” cases commenced in District Court are subject to arbitration with the following exceptions: a party claiming an exemption from the program pursuant to NAR 5(a) on the grounds listed above will not be required to file a request for exemption ***if*** the initial pleading specifically designates the category of claimed exemption in the caption. **Cases claiming exemption for one of the above reasons shall be DESIGNATED IN THE CAPTION of the initial pleading, as shown on the sample form attached hereto**.

If an exemption is claimed for any of the reasons set forth below, then a Request for Exemption from Arbitration must be filed with the Clerk of Court within 21 days after the filing of an answer by the first answering defendant. *See*, NAR 5

Categories of cases that require the filing of a Request for Exemption from Arbitration:

1) Involves an amount in issue in excess of $50,000 per Plaintiff,

exclusive of interest and costs;

2) Presents a significant issue of public policy;

3) Presents unusual circumstances which constitute good cause for removal

from the program; or,

4) Claims for professional negligence. **Professional Negligence is not a proper designation. Professional negligence would include any number of professions (accountants, lawyers, etc.). You must claim “Medical Malpractice” when seeking an automatic exemption from the Court Annexed Arbitration Program.**

ARB FORM 1 (1 of 2)

**COMP**

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. ) **ARBITRATION EXEMPTION CLAIMED:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **Medical Malpractice**

**COMPLAINT**

*(EXEMPTION CLAIMED SHOULD NO BE STATED HERE - this is the title and not the caption*)

**SAMPLE FORM**

**SAMPLE FORM**

**SAMPLE FORM**

**SAMPLE FORM**

**NOTE: COMPLAINT TO BE FILED WITH COUNTY CLERK**

ARB FORM 1 (2 of 2)