**ABOAA**

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 TO FILE AMENDED ARBITRATION AWARD**

Request to File Amended Award is:

GRANTED

DENIED

DATED this day of , 20\_\_.

ADR COMMISSIONER

ARB FORM 48 (1 of 2)

CASE NAME/CASE #

CERTIFICATE OF SERVICE

I hereby certify that on the date filed, this document was E-Served or a copy was mailed to any party not registered for e-service on day of , 20\_\_.

COMMISSIONER DESIGNEE

**NOTE: ATTACH SIGNED ORIGINAL AMENDED ARBITRATION AWARD.**

**DO NOT SERVE AMENDED AWARD. Send with Request to Amend Award to the ADRinbox@clarkcountycourts.us**

ARB FORM 48 (2 of 2)