**ABRFEE**

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. )

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

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

(Name of Arbitrator) , arbitrator in the above entitled action, hereby requests the ADR Commissioner allow an increase in fees in the above entitled matter pursuant to NAR 24(a). The ADR Commissioner may permit an increase upon a showing of good cause.

In this case the arbitrator was appointed on .

It is requested that the fees be increased to the amount of $ based on the following calculation of time and good cause supporting the increase as follows: .

DATED this day of , 20\_\_.

ARBITRATOR

ARB FORM 53 (1 of 2)

CERTIFICATE OF SERVICE

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

EMPLOYEE OF ARBITRATOR

**NOTE: ARBITRATOR TO SERVE ON PARTIES AND SUBMIT TO ADR COMMISSIONER THROUGH THE ADR INBOX (ADRinbox@clarkcountycourts.us)**

**ATTACH ORIGINAL ORDER ON REQUEST FOR INCREASE OF FEES WITH THIS REQUEST.**

ARB FORM 53 (2 of 2)