**ABFEOP**

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. )

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

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

(Plaintiff/Defendant) , by and through his undersigned counsel of record , Esq., of the law firm of , hereby opposes the Arbitrator’s Request for an increase in fees in the above entitled matter.

The Opposition is based on the following: .

DATED this day of , 20\_\_.

ATTORNEY

ARB FORM 54 (1 of 2)

CERTIFICATE OF SERVICE

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

EMPLOYEE OF ATTORNEY

ARB FORM 54 (2 of 2)