

Arbitrator Name and Address:  Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> <b>JUSTICE CENTER</b> <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Harbor - Newport Beach Facility - 4601 Jamboree Rd, Newport Beach, CA 92660-2895 <input type="checkbox"/> North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500 <input type="checkbox"/> West - 8141 13th Street, Westminster, CA 92683-4593	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>ARBITRATOR'S FEE STATEMENT</b>	CASE NUMBER: _____

Pursuant to California Rules of Court, rule 3.819 and Local Rules - Superior Court of California, County of Orange, rule 360, the following fee(s) are requested for conducting arbitration proceedings in the above-named case. (Attach a declaration to support payment of fees if the case settled at the hearing, no hearing was conducted or extraordinary fees are requested.)

Date session concluded: \_\_\_\_\_ Date Award or Settlement filed with the Court: \_\_\_\_\_

Name of Arbitrator: _____	<b>Fee(s) Requested</b>
Name of Payee: _____	Fee for entire session: <b><u>\$ 150.00</u></b>
Address of Payee: _____	Extraordinary fees: _____
_____	<b>TOTAL:</b> _____
_____	

Last four digits of your Social Security # or your full Taxpayer Identification #: \_\_\_\_\_

A current signed IRS Form W-9 or Payee Data Records is:  attached  has been submitted to the Court

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ of Arbitrator: \_\_\_\_\_

(For Clerk's Use Only)

Amount approved: \$ _____	_____ Clerk of the Court
Authorization _____	By: _____ Deputy Clerk

(For Accounting Services Use Only)

Account Coding						
G/L Acct.	Cost/Fund Center	WBS Element	Functional Area PCT	Fund	Tax Code	Amount
939102	306311		1220	110001		

**Review and Authorization**

**Accounting Services Approval**

Date: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Authorized By: \_\_\_\_\_

**ARBITRATOR'S FEE STATEMENT**