

Arbitrator's Name  
Arbitrator's Firm Name  
Arbitrator's Address  
Arbitrator's Phone Number

DISTRICT COURT

CLARK COUNTY, NEVADA

	)	
	)	
	)	
Plaintiff,	)	
	)	
v.	)	CASE NO.
	)	DEPT NO.
	)	
	)	
Defendants.	)	
_____	)	

**ARBITRATION  
ADR #**

**ARBITRATION AWARD**

The arbitration hearing in this matter was held on the \_\_\_\_ day of \_\_\_\_\_, 2001. Having considered the pre-hearing statements of the parties, the testimony of witnesses, the exhibits offered for consideration and arguments on behalf of the parties, based upon the evidence presented at the arbitration hearing concerning the cause of action for....., I hereby find in favor of.....(name of the party) and.....("awards damages in the amount of \$....." or "does not award any damages on that cause of action").

DATED \_\_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_  
ARBITRATOR

NOTICE

Pursuant to Nevada Arbitration Rule 18(A), you are hereby notified you have thirty (30) days from the date you are served with this document within which to file a written request for trial de novo with the Clerk of the Court and serve the Commissioner and all other parties.

CERTIFICATE OF MAILING

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 2001, I mailed a copy of the foregoing ARBITRATION AWARD in a sealed envelope, to the following counsel of record and that postage was fully prepaid thereon:

\_\_\_\_\_  
EMPLOYEE OF ARBITRATOR

**NOTE: A RECEIPT OF COPY MAY BE SUBSTITUTED FOR A CERTIFICATE OF MAILING OR THE AWARD MAY BE SERVED VIA FACSIMILE.**

**IF SERVED VIA FACSIMILE (E.D.C.R. 7.26), A COPY OF A TRANSMIT CONFIRMATION REPORT OR COMPARABLE EVIDENCE OF SERVICE MUST BE ATTACHED TO OR INCLUDED WITHIN THE ORIGINAL FILED AWARD. SERVICE BY FAX AFTER 5:00 P.M. WILL BE DEEMED DELIVERED ON THE NEXT JUDICIAL DAY.**

**THREE DAYS FOR MAILING IS NOT ADDED ON TO THE SERVICE DATE IF SERVED VIA FACSIMILE OR RECEIPT OF COPY.**