

NAME AND ADDRESS OF ATTORNEY: TELEPHONE NUMBER:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL <input type="checkbox"/> 220 Main Street, Brawley, CA 92227 <input type="checkbox"/> 415 East Fourth Street, Calexico, CA 92231 <input type="checkbox"/> 939 West Main Street, El Centro, CA 92243	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
ARBITRATOR'S FEE STATEMENT	

Pursuant to California Rules of Court, rule 3.819 and Local Rules – Superior Court of California, County of Imperial, rule 3.5.6, the following fee(s) are requested for conducting arbitration proceedings in the above named case.

Date session concluded: _____ Date Award/Settlement filed with Court: _____

Name of Arbitrator: _____ Length of Session: _____

Name of Payee: _____ **Fee(s) Requested:** _____

Address of Payee: _____

Social Security number or Taxpayer Identification number: _____

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: _____

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Amount authorized _____

Date: _____

(ARBITRATION ADMINISTRATOR)