

Arbitrator Name and Address: Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Civil Complex Center - 751 W. Santa Ana Blvd., Santa Ana, CA 92701-4512 <input type="checkbox"/> Harbor-Laguna Hills Facility – 23141 Moulton Pkwy., Laguna Hills, CA 92653-1251 <input type="checkbox"/> Harbor – Newport Beach Facility – 4601 Jamboree Rd., Newport Beach, CA 92660-2595 <input type="checkbox"/> North – 1275 N. Berkeley Ave., P.O. Box 5000, Fullerton, CA 92838-0500 <input type="checkbox"/> West – 8141 13 th Street, Westminster, CA 92683-0500	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
ARBITRATOR'S FEE STATEMENT	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: _____	Fee(s) Requested
Name of Payee: _____	Fee for entire session: <u>\$ 150.00</u>
Address of Payee: _____	Extraordinary fees: _____
_____	TOTAL: _____

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)

ALAN CARLSON, Clerk of the Court

Amount approved: \$ _____

By: _____
Deputy Clerk

Authorization _____

(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