

NAME AND ADDRESS OF ATTORNEY:  	FOR COURT USE ONLY
TELEPHONE NUMBER: <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL</b> <input type="checkbox"/> 650 Wake Avenue, El Centro, CA 92243 <input type="checkbox"/> 939 West Main Street, El Centro, CA 92243	
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 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)