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|  Stateseal.BMP   **SUPERIOR COURT OF WASHINGTON** **COUNTY OF KING**  **PLAINTIFF,**  **vs.** **DEFENDANTS.** |  **ARBITRATOR’S REQUEST****FOR COMPENSATION** **NO.**  |
| [ ]  This case has settled. The Notice of Settlement and order of dismissal have been filed with the court clerk.[ ]  This case was resolved by award. The arbitration award has been filed with the clerk of the court.**The following time was devoted by the Arbitrator to this case:**

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| **# of hours** | **Purpose** |
|  | Administrative time (Scheduling hearing/ mailing / e-mailing parties / e-filing) |
|  | Review of materials submitted by parties for Hearing / Motions (Both before and after the hearing / motions) |
|  | Hearing / Pre-Trial Motions / Post – Trial Motions (Do not include Travel / Parking) (Time parties are all together for testimony or argument via phone, in person, or virtually) |
|  | Preparation of Award/Opinion (not to exceed 2 hours) |
|  | **Cost: $ (**you must provide an invoice of costs and these must not exceed $10 without prior approval  From the Civil Arbitration Department) [ ]  Invoice Attached |
|  |  **TOTAL HOURS** |
| I will accept State Half as full compensation: Yes or No (Please circle one) |

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| Arbitrator’s signature on this form certifies that she/he was duly appointed and served on this case for the dates and times stated above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature /s/ Date Signed |
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| **FOR OFFICE USE ONLY** | **Make check payable to:**Name:Arbitrator’s name (typed)Mailing addressCity, State, Postal CodeTax Identification Number*(Used for reporting compensation to Internal Revenue Service)*Attorney at Law [ ]  Retired Judge [ ]  |
| Charge to County | TOTAL |
| Charge to State |
| Payment Approved By:----------------------------------------------Signature, Director of Arbitration |

**FOR STATE USE ONLY**

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| --- | --- | --- | --- | --- | --- |
| **Doc Date** | **Date Payment Due** | **Current Doc No.** | **Ref Doc No.** | **Vender No.** | **Vendor Message** |
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| Ref Doc Suf | TransCode | MOD | Fund | Appn Index | ProgramIndex | Sub-Obj | Sub-sub-Object | OrgIndex | Alloc | Budget Unit | Mos | Project | Sub-Project | ProjectPhase | Amount | Invoice Number |
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**Instructions for the Arbitration Request for Compensation Form**

1. **HEADING**: Enter the case name and cause number
2. **RESOLUTION**: Select which box applies – Arbitration completed by settlement or an arbitration award and make sure that all the appropriate documents have been filed.
	1. Settlement
		1. Notice of Settlement
		2. signed Order of Dismissal
	2. Full Arbitration
		1. Arbitration Award
3. **HOURS:** Please enter the total number of hours worked in the proper categories. Any additional itemized breakdown may be submitted as an additional attachment but should not take the place of this timesheet.
4. **COSTS:** If there are any costs, enter the total on the form. An invoice must be submitted with this form. For costs exceeding $10 prior approval must be obtained from the Civil Arbitration Supervisor.
5. **COMPENSATION:** The State of Washington pays half of all Arbitrator compensation. Please circle Yes if you will accept the state half only. Otherwise, circle No.
6. **PAYMENT INFORMATION:** Please fill out the box labeled “Make Check Payable to” with your name, address, and tax ID number. Make sure to check the appropriate attorney or retired judge box.
7. **DO NOT FILL OUT SHADED AREA**

DO NOT E-FILE THIS FORM WITH THE CLERK’S OFFICE IN THE CASE FILE.

**PLEASE EMAIL THE FORM TO**: SCARBITRATION@KINGCOUNTY.GOV;

OR FAX IT TO: 206-205-0545

If you are unable to email or fax this form you may mail it to: Arbitration Department

 King County Superior Court

 Mailstop KCC-SC-C203

 516 THIRD AVE

 SEATTLE, WA 98104

If you have questions please contact the Arbitration Department

Email: SCARBITRATION@KINGCOUNTY.GOV

Phone: (206) 477-2460