

ARBITRATOR'S REQUEST FOR COMPENSATION

COUNTY OF KING																	
			NO.														
			vs.														
		DEI	FENDAI	NTS.													
This c	ase has s	ettled. T	he Noti	ce of Se	ttlemen	t and or	der of di	smissal	have be	en filed	with the	court c	lerk.				
This c	ase was r	esolved	by awa	rd. The	arbitrat	ion awa	rd <u>has b</u>	een filed	d with th	e clerk (of the co	ourt.					
_	1	Th	e follo	wing tii	me was	s devot			itrator	to this	case:						
# of hours	A -lii-	.11		la a alcalia a		Purpose											
	Administrative time (Scheduling hearing/ mailing / e-mailing parties / e-filing) Povious of materials submitted by parties for Hearing / Metions (Roth hefers and after the hearing / metions)																
	Review of materials submitted by parties for Hearing / Motions (Both before and after the hearing / motions) Hearing / Pro Trial Metions / Post - Trial Metions (Do not include Travel / Parking)																
	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)																
	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																
	0001.			ne Civil A]		ice Atta		without	prior ap	provar			
	TOTAL	HOUR				оро.				7.007 1110.							
I will accept State Half as full compensation: Yes or No (Please circle one)																	
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																	
EOP	OFFICE U	ISE ONI	V														
Charge to	OFFICE C						Make check payable to:										
County	TOTAL Name:																
Charge to		Arbitrator's name (typed)															
State	Mailing address																
	nent App	roved B	۸.	City,	State, P	ostal Co	ode										
i dyn	ichi App	ation N	lumber														
		(Used fo	for reporting compensation to Internal Revenue Service)														
Signature	Director	of Arbi	tration			Attorney at Law Retired Judge											
					F	OR STA	TE USE (ONLY									
Doc Date Date Payment Cu					ent Doc No. Ref Doc No. Vender No. Vendor M						Message						
		,					1										
Ref Trans M Doc Code C Suf D		Appn Index	Program Index	Sub-Obj	Sub-sub- Object	Org Index	Alloc	Budget Unit	Mos	Project	Sub- Project	Project Phase	Amount	Invoice Number			

Doc Date		Date Payment Due		nt	Current Doc No.		Ref Doc No.		Vender No.			Vendor Message				
Ref Doc Suf	Trans Code	M O D	Fund	Appn Index	Progran Index		Sub-sub- Object	Org Index	Alloc	Budget Unit	Mos	Project	Sub- Project	Project Phase	Amount	Invoice Number

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.
 - a. Settlement
 - i. Notice of Settlement
 - ii. signed Order of Dismissal
 - b. Full Arbitration
 - i. 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:

Arbi

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