



SUPERIOR COURT OF WASHINGTON

COUNTY OF

PLAINTIFF,

VS.

DEFENDANT

ARBITRATOR'S REQUEST FOR COMPENSATION

NO.

- ☐ This case was resolved by settlement. The arbitration settlement and order of removal from the trial calendar have been filed with the clerk of the court.
- ☐ This case was resolved by award. The arbitration award has been filed with the clerk of the court.

The following dates and times were devoted by the Arbitrator to this case:

Date	Number of hours	Purpose
	TOTAL	

Please send completed forms to Arbitration Department

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

Date Signed

FOR OFFICE USE ONLYCharge to
County

TOTAL

Charge to
State

Payment Approved By:

Signature, Director of Arbitration

Make check payable to:

Name of firm

Arbitrator's name (typed)

Mailing address

City, State, Postal Code

Social Security or Tax Identification Number

(Used for reporting compensation to Internal Revenue Service)

Attorney at Law ☐ Retired Judge ☐

FOR STATE USE ONLY[illegible]